**Purpose**
Using microinjections of medication into fat cells in targeted areas of the body, mesotherapy is a safe procedure for the reduction of unwanted fat and the connective tissue septal bands that cause cellulite.

**Benefits**
This treatment is non-invasive, requiring no general anesthesia, hospitalization, or downtime. Mesotherapy stimulates circulation and blood flow to the treated area.

Mesotherapy treats cellulite directly, promoting smoother skin and reducing fat in selected areas. Fat deposits are flushed from the body and do not reappear in other areas, which often occurs after liposuction.

The results of this treatment should and can last, especially when combined with exercise and proper nutrition, but results may vary. Regular maintenance visits are recommended.

**Foreseeable risks and discomforts**
There is a potential for bruising at the site and pain from bruising could occur. A burning sensation during and after the procedure is common. Other risks include, but are not limited to: a possibility of permanent swelling and lumps under the skin, excessive irritation and inflammation of the skin and tissues, and redness and swelling (lasting for several days) after the procedure.

The introduction of the needle(s) into the skin always presents the possibility of infection, allergic reaction, necrosis, bleeding, scarring, loss of sensation, change in muscle strength, injury to nerves, blood vessels, and soft tissue.

I understand that there are numerous risks and complications, both known and unknown, connected with the procedure.

There may be some variation in achieving the results requested as everyone’s body type is different and may have a different response. I understand that repeat treatments may be necessary to achieve individual desired results.

**Post-treatment/Follow-up**
The post treatment therapy has been explained at the time of injection. I acknowledge that written instructions were given and are understood.

Your doctor and the Holtorf Medical Group (HMG) staff are available to you at 310-375-2705. You may call to report on your progress or ask questions.

**Payment**
I understand that this is a cosmetic procedure and that payment is my responsibility.

I have read the above information and understand it. I fully understand that this procedure is an elective aesthetic procedure and that there is no emergency medical condition that requires that I have the procedure. Neither my health care professional nor the HMG staff has made any promises, warranties, or guarantees as to the success or effectiveness of the procedure.
My questions have been answered satisfactorily by the doctor and HMG staff. I have been fully advised of alternatives to the procedure and accept the risks and complications of the procedure. I acknowledge that I have been offered a copy of the office privacy act document.

My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of mesotherapy in my case, and/or any other medical treatment that may be necessary as a result thereof.

________________________________________
Patient Name (print)                                      Date

________________________________________
Patient Signature                                      (HMG) Witness Signature