

FERNANDA BODY AESTHETICS

MESOTHERAPY INFORMED CONSENT

Patient Name: _____

Date of Birth: _____

Date: _____

PURPOSE OF TREATMENT

I voluntarily request and consent to receive Mesotherapy treatments at Fernanda Body Aesthetics.

I understand that Mesotherapy is a non-surgical aesthetic treatment that involves micro-injections of vitamins, enzymes, amino acids, peptides, or other active ingredients into the superficial layers of the skin.

This treatment may be used for purposes such as:

- ☐ Fat reduction / body contouring
- ☐ Cellulite reduction
- ☐ Skin tightening and rejuvenation
- ☐ Localized fat deposits
- ☐ Hair stimulation (if applicable)
- ☐ Skin hydration and improvement of texture

TREATMENT AREAS

I understand that treatment may be applied to areas including, but not limited to:

- ☐ Abdomen
 - ☐ Waist / Flanks
 - ☐ Thighs
 - ☐ Arms
 - ☐ Buttocks
 - ☐ Back
 - ☐ Chin / Submental area
 - ☐ Other: _____
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BENEFITS

I understand that possible benefits of Mesotherapy may include:

- Reduction of localized fat deposits
- Improved skin tone and texture
- Reduction of cellulite appearance
- Skin tightening and rejuvenation
- Improved circulation in treated areas
- Gradual improvement in body contour

I understand that results vary from person to person and are not guaranteed.

POSSIBLE RISKS AND SIDE EFFECTS

I understand that Mesotherapy may cause side effects, including but not limited to:

- Redness
- Swelling
- Bruising
- Tenderness or pain at injection sites
- Itching or irritation
- Temporary lumps or firmness under the skin
- Skin sensitivity
- Infection (rare)
- Allergic reaction to ingredients (rare)

I understand that serious complications are rare but possible.

I agree to report any unusual or prolonged side effects immediately.

CONTRAINDICATIONS

I confirm that I do NOT have any of the following conditions unless previously discussed with my provider:

- ☐ Pregnancy or breastfeeding
 - ☐ Active skin infection in treatment area
 - ☐ Autoimmune disorders (unless cleared)
 - ☐ Severe allergies to injectable ingredients
 - ☐ Blood clotting disorders or anticoagulant use (unless cleared)
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PATIENT RESPONSIBILITIES

I agree to:

- Follow all pre- and post-treatment instructions
 - Avoid alcohol and blood thinners (if instructed) before treatment
 - Stay well hydrated
 - Maintain a healthy lifestyle for best results
 - Inform the provider of any medical conditions or medication changes
 - Attend scheduled sessions consistently
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LIMITATIONS OF TREATMENT

I understand that:

- Mesotherapy is a cosmetic treatment and not a weight-loss procedure
 - No specific results can be guaranteed
 - Multiple sessions are usually required
 - Results depend on lifestyle, metabolism, and individual response
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INFORMED CONSENT

By signing below, I certify that:

- I have read and understand this consent form
 - I have had the opportunity to ask questions
 - All of my questions have been answered satisfactorily
 - I understand the risks, benefits, and limitations of Mesotherapy
 - I voluntarily consent to receive treatment at Fernanda Body Aesthetics
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PATIENT ACKNOWLEDGMENT

Patient Name (Print): _____

Patient Signature: _____

Date: _____

PROVIDER CERTIFICATION

I certify that I have explained the procedure, benefits, risks, and alternatives to the patient and answered all questions.

Provider Name: _____

Provider Signature: _____

Date: _____