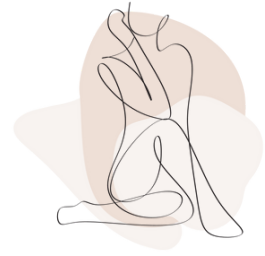


# Create Beauty Body Sculpting

## PHYSICIAN'S RELEASE FORM



### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male   
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

### MEDICAL HISTORY

Do you have or have you had any of the following conditions? *If yes, please select them:*

- |                                                   |                                                |                                                 |
|---------------------------------------------------|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Autoimmune disease       | <input type="checkbox"/> Gallbladder removed   | <input type="checkbox"/> Skin sensitivity       |
| <input type="checkbox"/> Back/Neck pain           | <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Thrombosis/Phlebitis   |
| <input type="checkbox"/> Cancer / Chemo           | <input type="checkbox"/> History of gallstones | <input type="checkbox"/> Thyroid condition      |
| <input type="checkbox"/> Cardiovascular condition | <input type="checkbox"/> Infections            | <input type="checkbox"/> Tumors                 |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Liver condition       | <input type="checkbox"/> Metal bone pins/plates |
| <input type="checkbox"/> Epilepsy                 | <input type="checkbox"/> Skin diseases         | <input type="checkbox"/> Phlebitis, blood clots |

Any chronic medical conditions?  No  Yes: \_\_\_\_\_

Do you have hearing aids, pacemaker or hormone pellets (where) or metal/medical devices implanted?  
 No  Yes: \_\_\_\_\_

Do you have or have had cancer in the last 12 months?  No  Yes

If yes, are you currently on chemotherapy?  No  Yes

History of Colon problems including protruding/distended belly?  No  Yes: \_\_\_\_\_

Any known allergies?  No  Yes: \_\_\_\_\_

List any medications you take regularly: \_\_\_\_\_

Any recent surgery, including plastic surgery?  No  Yes, explain: \_\_\_\_\_

♀ When is your next menstrual cycle due to begin? \_\_\_\_\_

*(Do not schedule Non-Surgical Lipo, Cavitation, or RF Skin Tightening treatments during your cycle. Your cycle will become heavy.)*

Are you pregnant or trying to become pregnant?  No  Yes

Are you breastfeeding?  No  Yes

What is your primary area(s) of concern? \_\_\_\_\_

Do you want to loose body fat? \_\_\_\_\_

No  Yes

If yes, from what area(s)? \_\_\_\_\_

Do you want cellulite reduction? \_\_\_\_\_

No  Yes

If yes, from what area(s)? \_\_\_\_\_

Do you want to tighten skin on your body? \_\_\_\_\_

No  Yes

If yes, what area(s)? \_\_\_\_\_

### By signing below, you agree to the following:

I have completed this form truthfully and to the best of my knowledge. I agree to inform the technician of any changes in the above information. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

Client Name (printed) : \_\_\_\_\_

Client Name (signature) : \_\_\_\_\_

Date: \_\_\_\_\_

Technician: \_\_\_\_\_

Date: \_\_\_\_\_

### Physician's Approval

I hereby approve the mentioned procedures for my patient, and I confirm that the patient's medical history has been reviewed. If you have any questions or concerns, please contact me directly.

Physician's Name (printed) : \_\_\_\_\_

Physician's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Phone : \_\_\_\_\_



**\*\*Body Sculpting Procedures:  
A Detailed Overview\*\***

**\*\*1. 40 K Cavitation:**

**\*\* Technology: 40 KHz ultrasonic waves**

Science: High-frequency sound waves create bubbles within fat cells, causing them to rupture and release their contents. Process: The body's lymphatic system naturally flushes out the released fat and waste through the lymph nodes and circulatory system.

**\*\*2. Radio Frequency (RF) Treatment:\*\* Technology: RF energy heats the deep layers of the skin.**

Science: Controlled heating stimulates collagen production, leading to skin tightening and improved texture. Process: As collagen remodels over time, the skin becomes firmer, and the body's waste elimination pathways manage any cellular waste generated during the process.

**\*\*3. Fat Dissolve Injections:\*\* Technology: Injecting compounds like deoxycholic acid**

Science: These compounds break down fat cell membranes, releasing fat for the body to metabolize. Process: The liver processes released fat, converting it into energy or excreting it through natural waste elimination processes.

**\*\*4. High-Intensity Electromagnetic Therapy (HI-EMT):\*\* Technology: HI-EMT device emits focused electromagnetic pulses**

Science: Intense electromagnetic pulses stimulate muscle contractions, leading to muscle growth and fat reduction. Process: Muscle contractions induce metabolic processes, burning fat for energy. Waste elimination processes manage any metabolic byproducts.



**\*\*5. Muscle Stimulation:\*\*** Technology: Electrical impulses delivered to muscles

Science: Controlled muscle contractions promote muscle growth and strengthen tone. Process: Muscle contractions trigger increased blood flow, enhancing waste elimination through improved circulation.

**\*\*Waste Elimination Process:\*\***

The body's lymphatic system plays a crucial role in waste elimination. After fat cells release their contents due to treatments like cavitation or injections, waste products enter the bloodstream. The lymphatic system carries waste through lymph nodes, where it is filtered and neutralized. The liver processes fat for energy conversion, while excess waste is excreted through the digestive system, sweat glands, and urine.

**\*\*Integration of Treatments:\*\***

Combining these procedures optimizes results. Cavitation releases fat, RF tightens the skin, fat dissolve injections target specific areas, HI-EMT promotes muscle growth, and muscle stimulation enhances overall tone. The body's natural waste elimination pathways effectively manage waste produced during these treatments, contributing to both physical transformation and improved overall well-being. In essence, body sculpting procedures leverage advanced technology and scientific understanding to stimulate the body's natural processes. By optimizing waste elimination pathways, these treatments help individuals achieve their desired body goals in a non-invasive, efficient, and effective manner.