

Pre/Post Treatment Instructions For Body Sculpting

Prior to starting your first session and during each 3-day period of treatment, we recommend you drink 2-3 liters of water. Water and hydration is key to this process being effective.

To maximize the effectiveness of your session, it is best to restrict products that impact lymphatic flow (i.e. caffeine, alcohol and sugar in large amounts) during the process.

We recommend eating a healthy diet to enhance the process. If you are on one of our specialized nutrition/diet loss plans you are all set. If not, we can provide a recommendation sheet for ideal eating during the process if you want to maximize results.

We recommend exercise to stimulate lymphatic flow. This includes low impact workouts, swimming, jogging and or cycling during this process. Even brisk walking will help.

Please always discuss with your Physician before beginning any new Health & Diet Program. Always inform us if you have a change in health status or experience any unusual symptoms during your program.

Avoid eating 2 hours before and 1 hour after treatment sessions.

Avoid heavy meals on treatment days.

Avoid fasting or the body will go into starvation mode and become more resistant to release fat cells.

Wear clothing that will facilitate the pad placement in the treatment area.

Shower prior to treatment and avoid using lotions or oils on the areas being treated.

Pre/Post Treatment Instructions For Buttock Therapy

Must perform Squats, Leg Lifts, Lunges, every other day. Minimum of 75 performed.

Eat high protein, low carbohydrates and consume healthy fats.

Drink plenty of water to cleanse lymphatic drainage.

Disclosure. This treatment is a process and subsequent visits may be necessary to achieve the desired results. Subsequent visits are subject to additional charges per visit which depend on the amount of work needed. Actual results vary from person to person, and we do not guarantee results. The Ultrasound Cavitation treatment includes, but is not limited to, the use of high-power low-frequency ultrasound cavitation which uses 40K Hz frequency ultrasound to penetrate the skin and assist with the breakdown of fat cells by creating micro-bubbles that increase the pressure around the adipocyte and force it to implode, thus breaking down adipocyte's (fat) cell membrane.

After Care. After care instructions must be followed explicitly, whether given in writing or orally. Failure to follow after care instructions may compromise the final results of the treatment. Before, During and After Pictures. Before, during and after pictures or videos may be taken to document the treatment.

These pictures or videos become sole property and may only be used for its legitimate business purposes. I recognize that there are certain inherent risks associated with the above-described treatment and I assume full responsibility for personal injury to myself. In exchange for such treatment, I hereby fully release and forever discharge RLuxe Body Sculpting, LLC. (including its officers, members, owners, employees and agents) from any and all damages, costs, expenses, liabilities, causes of action, claims and demands, of whatever character, in law or in equity, whether known or unknown, direct or indirect, asserted or unasserted, and whether or not on account of myself or other third parties, or in any way arising out of the above described treatment I have requested. It is the intention of the parties that this agreement binds all parties whose claims may arise out of or relate to the treatment or services provided by RLuxe, including any spouse or heirs of the client/patient and any children, whether born or unborn. Any legal or equitable claim that may arise from participation in the treatment shall be resolved under state law. I agree to indemnify, hold harmless and defend, (including its officers, members, owners, employees, and agents) against all third-party claims, causes of action, damages, judgments, costs, or expenses, including attorneys' fees and other litigation costs, which may in any way arise from the above-described treatment I have requested performed.

By signing this agreement, I confirm that I am over the age of 18, I understand that the Ultrasound Cavitation procedure is semi-permanent, that such procedure has possible adverse consequences, and that the procedure is for cosmetic purposes only. I certify that I have read the above paragraphs; had the procedure and risks explained to me, fully understand this consent and procedure form and hereby consent to the indicated procedure(s). This means that I accept full responsibility for these and/or any other complications which may arise or result during or following the Ultrasound Cavitation procedure which is to be performed at my request according to this agreement and I hereby agree. I further understand that by signing this agreement, I surrender certain legal rights.

Client/Patient (Printed):

Client/Patient (Signed):

Date Signed:

Technician:

Date Signed: