

# T.A. Denney, D.O.

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## AGREEMENT RELATED TO REQUEST FOR *LIPOLYTE* PROCEDURE

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr. T. A. Denney as my physician, the staff of the Quantum Healing Unlimited, and such associates, technical assistants, and other health care providers as they deem necessary, to carry out the following surgery: *LIPOLYTE INJECTIONS*.

I understand that no warranty or guarantee has been made to me as to result or cure. I realize that, as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment or surgery, and could also result in economic loss to me because of my inability to return to normal activity as soon as anticipated. I understand that Dr. Denney may discover other or different conditions, which require additional or different procedures than those planned. I authorize her, and such associates, technical assistants, and other health care providers to perform such other procedures which are advisable in their professional judgment.

I understand that external injections may leave scars that are visible. The location of these injections, have been described to me.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the medical procedures planned for me. I realize that common to medical procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I also realize that the following risks and hazards may occur in connection with this procedure: unsatisfactory appearance, poor healing, skin loss, nerve damage or prolonged pain or discomfort, painful or unattractive scarring, and impairment of organs such as eye or lip function, when medical procedures are performed in those areas.

I also realize that the following additional risks and hazards may occur in connection with the following procedures: *Lipolyte* Procedure: Although experience is proving this procedure to be as safe as other similar elective procedures, there still exists the potential for complications as described above under general risks and hazards as well as the possibility of indentation, waviness, numbness or pain, skin discoloration or unsatisfactory contouring. With larger number of injections, patients can anticipate stiffness and soreness for several weeks.

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PATIENT OR RESPONSIBLE PERSON

DATE

