
ZELKO

AESTHETICS

Consent for NIL (Tickle Liposuction) and BodyTite

I authorize a Zelko Aesthetic surgeon to perform Liposuction on me using the Nutational Infrasonic Liposuction (NIL) (aka Tickle Lipo) to facilitate the removal of unwanted fat and/or provide body contouring. This sculpting procedure is intended to improve appearance of parts of the body but results are not guaranteed and it is not for weight loss.

I understand that the procedure is elective, and not having this procedure is an option. Just as there may be benefits to the procedure(s) proposed, I also understand that the procedure involves risks. I understand that: It may take approximately 3 - 6 months after procedure to see final results. There is no guarantee that the expected or anticipated results will be achieved. I understand that results vary with each individual, and multiple treatments, with associated fees, may be necessary. I acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

I must strictly follow the postoperative regimen given to me and all other regimens discussed in order to reduce risks associated with the procedure. There are particular risks associated with the procedure proposed for me and these risks include, but are not limited to, those listed herein. Common side effects include temporary bruising (usually resolves in about 3 weeks) and pain or soreness which may last a few days or longer. Swelling or edema (increase of fluid in any organ) may occur after the procedure. In some cases, swelling may persist for weeks or months after the Nutational Infrasonic Liposuction procedure. For patients with skin of color, hyper pigmented scars (dark to black scars) can occur at the incision sites and be permanent. Other objectionable scarring, such as keloids, is possible. There may be healing delays or a problem at the incision sites, but this is not common. After the procedure, contour irregularities like skin dimpling, lumpiness, unevenness, or hardness may develop. Over time such problems should disappear but there is a possibility of being permanent. Additional procedures or medical care may be needed. Some serious but rare complications are possible: bleeding, infections, poor healing, blood clots, scarring, surgical shock, pulmonary complication, skin loss, seroma (pockets of serum fluid in areas where tissue has been removed), hematomas (collection of blood under the skin), abscess, skin necrosis (dead skin), narcotizing fasciitis (tissue damaged by bacteria), puncture wounds in an internal organ, injury to other internal structures including nerves, blood vessels, or muscles, allergic reaction to medications or material used during procedure, and anesthesia-related

complications. Other potential risks include altered sensation where treated (known as "paresthesias") which either may be in the form of numbness or loss of feeling in the area or increased sensitivity or pain. The changed sensation may last for weeks or months, and in rare cases, be permanent.

Fat tissue, which contains much liquid, is removed during the procedure. Also, physicians may inject large amounts of fluids during the procedure. Either may result in a fluid imbalance, which can result in serious conditions such as heart problems, excess fluid collection in the lungs, or kidney problems. Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the blood vessels, cardiac and pulmonary complications, and even loss of bodily function or life. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to these conditions. Seek emergency medical care immediately if you experience shortness of breath, difficulty breathing, agitation, delirium, chest pains, or unusual heart beats. If loose skin is present in the treated areas, it may or may not shrink to conform to the new contour.

There also are risks of unsatisfactory appearance or the failure to achieve the desired result. In the event of complication, my physician or his/her designated person may prescribe antibiotics or require hospitalization, surgical drainage, and/or blood transfusion, among other options. During the procedure or treatment, unforeseen circumstances may require additional or different procedures than NIL which I further authorize and request my above-named practitioner to perform when in his/her professional judgment it is deemed needed and desirable.

Sun or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-care instructions provided to me may increase my chance of complication with healing of the incision sites.

Topical, local and/or tumescent anesthesia may be required when the procedure is performed and sedation (calming medication) may be advisable. I never have experienced any adverse reaction to lidocaine, epinephrine, sodium bicarbonate or steroids. I hereby consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure(s). All forms of anesthesia involve risk and the possibility of complications, injury, and in rare instances, death.

Before and after procedure instructions have been discussed with me. I certify that I have read this entire document, and the procedure, potential benefits and risks, and alternate treatment options have been explained to my satisfaction. I have had all my questions answered, and I voluntarily authorize and freely consent to the proposed NIL (Tickle Lipo) treatment including the administration of medication, anesthesia, and sedation and disposal of tissue, by my physician and/or his/her associates assisted by personnel and other trained persons as well as the presence of observers.

I authorize Dr. Zelko and any licensed physician, registered nurse or physician's assistant who is assisting the doctor to administer local anesthesia. I have read and have understood how the surgery is performed and the possible risks and outcomes associated with the surgery, from information provided to me. I also understand that there are no guarantees of perfect results. The Tickle Lipo procedure is intended to improve the contour of your body. This is not a weight loss procedure. Results are not guaranteed, however the doctor's ultimate goal is for you to be happy and pleased with the end result. This procedure is elective and results will be permanent as long as you do not gain weight. Actually, if you lose weight, you will enhance your results, but if you gain weight this could significantly reverse your results.

You must keep all post-operative appointments, especially those at 1 week and 1 month post procedure. Any "redo procedure" will not be performed until at least 6 months post procedure. Redo procedures will only be offered to patients that are of normal weight prior to their procedure (Normal weight is anyone with a BMI <25). Redo procedure fees are \$500 per area treated. Patients with a BMI >25 (those that are classified as overweight by the National Institutes of Health criteria) may undergo a "repeat procedure" or second procedure to the same area. This repeat procedure will be performed no earlier than 6 months after the initial procedure.

Added appointments may be requested by Dr. Zelko at his discretion. The physician has explained to the patient/family/guardian the nature of my condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches, including the likely result of not performing the procedure. The physician has discussed the likelihood of major risks or complications of this procedure including the specific risks listed above and (if applicable) drug reactions, hemorrhage, infection, complications from blood or blood components. The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

I agree to pay the amount quoted for the Tickle Lipo procedure and/or Abdominoplasty/Avelar Surgery to be performed by Dr. Zelko. I agree to \$500 down at the time of scheduling my procedure, the remainder due at time of procedure. If I choose to make payments, I understand that my procedure will NOT be booked until the balance is paid in full.

I consent to photographs, videos, and digital images being taken before, during, and after the procedure(s) to be performed, to evaluate procedure effectiveness, for medical, scientific, or educational purposes, training, professional publications or sales purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission. In return for posing for photographs taken of you on the date of your procedure I hereby assign full copyright of these photographs to Dr. Timothy Zelko together with the right of reproduction either wholly or in part. I agree that Dr. Zelko or his assignees can use the above mention photographs either separately or together, either wholly or in part, in

any way and in any medium. Dr. Zelko or his assignees may have unrestricted use of these for whatever purpose, including advertising with any reasonable retouching or alteration.

Consent for Avelar/Abdominoplasty/Brachioplasty

I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

I recognize that Zelko Aesthetics is a cosmetic surgical center and training facility; Dr. Zelko is an experienced physician and teacher. I understand Dr. Zelko trains and teaches other professionals on this procedure performed here at Zelko Aesthetics for Tickle Lipo. I understand treatment here means those learning (Nurses, Nurse Practitioners, Physician's Assistants, Medical Students and Medical Doctors), will possibly observe or assist in any or all procedures and I understand that this has been explained to me.

I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve the risk and the possibility of complication, injury and sometimes death.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained. The Tickle Lipo procedure is intended to improve the contour of your body. This is not a weight loss procedure. Results are not guaranteed, however the doctor's ultimate goal is for you to be happy and pleased with the end result. This procedure is elective and results will be permanent as long as you do not gain weight. Actually, if you lose weight, you will enhance your results, but if you gain weight this could significantly reverse your results.

You must keep all post-operative appointments, especially those at 1 week and 1 month post procedure. Any "redo procedure" will not be performed until at least 6 months post procedure. Redo procedures will only be offered to patients that are of normal weight prior to their procedure (Normal weight is anyone with a BMI <25). Redo procedure fees are \$500 per area treated. Patients with a BMI >25 (those that are classified as overweight by the National Institutes of Health criteria) may undergo a "repeat procedure" or second procedure to the same area. This repeat procedure will be performed no earlier than 6 months after the initial procedure.

Added appointments may be requested by Dr. Zelko at his discretion. The physician has explained to the patient/family/guardian the nature of my condition, the nature of

the procedure, and the benefits to be reasonably expected compared with alternative approaches, including the likely result of not performing the procedure. The physician has discussed the likelihood of major risks or complications of this procedure including the specific risks listed above and (if applicable) drug reactions, hemorrhage, infection, complications from blood or blood components. The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

I consent to be photographed or televised before, during and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures. For purposes of advancing medical education, I consent to the admittance of observers to the operating room. I consent to the disposal of any tissue, medical devices or body parts which may be removed. I realize that not having the procedure is an option.

It has been explained to me in a way that I understand the above treatment or procedure to be undertaken. There may be alternative procedures or methods of treatment. There are risks to the procedure or treatment proposed. I consent to the treatment or procedure and the above mentioned items. I am satisfied with the explanation.

In return for posing for photographs taken of you on the date of your procedure I hereby assign full copyright of these photographs to Dr. Timothy Zelko together with the right of reproduction either wholly or in part. I agree that Dr. Zelko or his assignees can use the above mention photographs either separately or together, either wholly or in part, in any way and in any medium. Dr. Zelko or his assignees may have unrestricted use of these for whatever purpose, including advertising with any reasonable retouching or alteration

I authorize Dr. Zelko and any licensed physician, registered nurse or physician's assistant who is assisting the doctor to administer local anesthesia. I have read and have understood how the surgery is performed and the possible risks and outcomes associated with the surgery, from information provided to me. I also understand that there are no guarantees of perfect results.

I agree to pay the amount quoted for the Tickle Lipo procedure and/or Abdominoplasty/Avelar Surgery to be performed by Dr. Zelko. I agree to \$500 down at the time of scheduling my procedure, the remainder due at time of procedure. If I choose to make payments, I understand that my procedure will NOT be booked until the balance is paid in full.