

**CONSENT TO TREAT**

**ZERONA & MASSAGE TREATMENTS**

I fully understand that the purpose of the Zerona Z6 laser is to reduce the size of subcutaneous (superficial) fat cells without killing them, and does not address visceral fat. The Zerona emulsifies (liquifies) the fat inside the cell, then transitory pores are created allowing the contents of the fat cell to drain into the interstitial space, and is then removed naturally through the normal metabolic processes of the lymphatic system.

I understand that Best Light pairs the Zerona Z6 sessions with lymphatic massage right after the laser sessions in order to amplify the efficacy of the lymphatic system.

1. There is no pain from the laser during or after these sessions.
2. It is normal for some people to feel slightly sore or tired for up to three days after the sessions due to the lymphatic system flushing out the contents of the fat cells (including toxins). (Similar to how people feel after massage or exercise.)
3. There is no thermal (temperature) change to the tissue from the laser. The Zerona Z6 does not heat, chill, or freeze any of the tissue.
4. There are no known side effects from any clinical trials or from any clients who have received this treatment outside of a research setting.
5. There is no down time, so it is safe and easy to return to normal activities after the sessions.
6. It is safe to continue with other bodywork during the Zerona treatment (massage, yoga, PT, etc.), as the lymphatic massage does not interfere with the others or vice versa.
7. Erchonia (developer and manufacturer of Zerona Z6) recommends:
  - a. For BMI under 25, begin by receiving 6 sessions.
  - b. For BMI of 25-35, begin by receiving 9 treatments.
  - c. For BMI of 35, begin by receiving 12 treatments.
  - d. Additional sessions can always safely be added, and you can safely stop at any time.

\_\_\_\_\_ (Initial)

**CONTRAINDICATIONS**

1. I am not pregnant.
2. I do not have an active malignancy.
3. I do not suffer from photosensitivity and am not on medication that creates a problem with light.
4. I do not knowingly have any lymphatic issues that I am not disclosing that could interfere with the success of this process.

\_\_\_\_\_ (Initial)

**MY RESPONSIBILITIES ARE AS FOLLOWS:**

1. I am aware that looking directly into the laser could be harmful for my eyes, so I will wear the safety glasses provided during my sessions.
2. I am responsible for maintaining a **calorie-neutral diet** (not adding more calories that is my usual diet) during this process and for 2 weeks following the last laser and massage treatment.
3. I am responsible for maintaining the same basic exercise routine that I was engaging in prior to initiating these sessions. I understand that if I have been exercising and suddenly stop, the expected results from these treatments will not transpire.
4. I am responsible for **lymphatic flushing** during this process and for 2 weeks following the last laser and massage treatment. This includes, but is not limited to:
  - a. Drink half to your full weight in ounces of WATER per day. For example, if you weigh 200 pounds, you should drink 100-200 ounces of water per day. Check with your physician for guidance around this.
  - b. All movement helps flush the lymphatic system, so even gentle movement like stretches and walking will help. It is especially helpful to do exercise for the first 72 hours after receiving the sessions.
  - c. Dry brushing has been found helpful for lymphatic flushing (among other things).
  - d. Being submerged in water like in a swimming pool is helpful for lymphatic flushing.
  - e. Soaking in an Epsom salt bath can be beneficial the day of/day after the sessions, especially if you have a sluggish lymphatic system or are one of the people who feels sore or tired after the sessions.
  - f. There are many supplements that help support and flush the lymphatic system, and you are free to explore these options with your physician. (Naturopaths are particularly helpful.)
  - g. Other massage and bodywork can be helpful during this process, but none are necessary.
  - h. Anything that you might normally do for detoxifying the body may be helpful, but not required.
5. I understand that this process will not preemptively reduce or eliminate fat or calories.
6. I am not required to change my diet, add exercise, or add supplements in order for this treatment to be effective. However, it is safe and effective to do any or all of these things if I want to see better results.
7. I will come back approximately 2-4 weeks after the treatments are completed for a final evaluation which includes photos, measurements, and weighing. This is because the lymphatic system takes time to flush and changes will happen even after the last session.

\_\_\_\_\_ (Initial)

**COMMUNICATION**

Best Light, LLC may leave a message on my home answering machine/voice mail or cell phone as provided on my Client Information form.

\_\_\_\_\_ (Initial)

**CANCELLATION POLICY**

All cancellations must take place at least 24 hours before the scheduled appointment time in order to avoid the cancellation fee of \$100.00. This is to be respectful of everyone’s time and to allow us enough time to book someone else if you cannot make your scheduled appointment. In case of emergency, this fee may be waived at the discretion of Best Light. However, multiple last-minute cancellations will result in future scheduling requests being denied.

Session times are firm. Please arrive on time for your scheduled appointment or you may not be able to keep the session, even though you will be charged.

\_\_\_\_\_ (Initial)

**REFUND POLICY**

If for any reason you are not satisfied with your treatments **two weeks after** completing your initial package of sessions, you may ask for a refund in writing, detailing your reasoning. Remember that you are responsible for doing your half of the protocol, and without it the sessions will not be as effective. We will refund you up to half of the fee you paid within 30 days of receiving your request. You are free to terminate the treatment at any time and for **any reason** and receive a full refund of any **unused but prepaid treatments** within 10 business days.

\_\_\_\_\_ (Initial)

**PRIVACY POLICY**

At Best Light, LLC we place the highest priority on your right to privacy. We are committed to maintaining your security and confidentiality regarding the use of any information you choose to share with us. We will **NEVER** disclose identifiable information to any third party without your consent. Further, we will **NEVER** sell, rent, or otherwise allow the unauthorized outside use of personal information such as names, addresses, phone numbers, or e-mail addresses in our database without your consent.

**PRIVACY POLICY:** I acknowledge that I have received Best Light, LLC’s Notice of Privacy Policy. I understand that protected health information may be disclosed or used for treatment, payment, or health care operations. I understand that I have the right to request a restriction as to how my protected health information is used or disclosed. Best Light, LLC is not required to agree to this restriction, but if we do so, we shall honor that agreement. Best Light, LLC reserves the right to change the Notice of Privacy Policy.

\_\_\_\_\_ (Initial)

**USE OF PROMOTIONAL INFORMATION**

I consent to Best Light, LLC using the following anonymous information for marketing and promotional materials as follows: (Check all that apply)

- Before and after photographs (no face, identifying tatoos, etc. will be used without consent)
- Measurements (total number of inches, not listed with identifying information without consent)
- Success story (not listed with identifying information without consent)
- Testimonials (not listed with identifying information without consent)

I understand that information is voluntary, and refusal to consent will in no way affect the care I will receive.

\_\_\_\_\_ (Initial)

**CONSENT**

I have read and understand the contents of this form and give my consent to treatment based on what has been explained to me. I acknowledge that this procedure has been fully explained to me and to my satisfaction. I understand the results vary and no guarantee is implied or suggested.

I understand that neither the Zerona Z6 laser nor the massage are involved with the treatment of disease or any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. Neither the LMT or laser technician claim to treat, prescribe or diagnose any illness, disease, or any other physical or mental disorder. Nothing said or done by the LMT or laser technician should be misconstrued to be such. This is strictly a voluntary procedure. No treatment is necessary or required.

I hereby consent to and authorize the LMT and/or laser technician to ask questions about my health and goals in order to best assess the treatment protocol deemed necessary and appropriate. I understand it is necessary for the LMT and/or laser technician to physically contact my body in order to treat me. Should treatment be performed, the LMT and/or laser technician will fully inform me as to the nature of the procedure, the alternatives to treatment, the risks that are involved, and that I will be given the opportunity to ask questions and have my questions answered.

\_\_\_\_\_  
Signature (client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (client)

\_\_\_\_\_  
Signature (practitioner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (practitioner)