



TREATMENT CONSENT FORM

The CoolSculpting® procedure uses a non-invasive procedure that delivers controlled cooling at the surface of the skin to kill fat cells. It is not a weight-loss solution, and it does not replace traditional methods such as liposuction. Clinical studies have shown that the CoolSculpting procedure will naturally remove fat cells but, as with most procedures, visible results will vary from person to person. Initial: _____

What you can expect:

- ❖ The suction pressure of a vacuum applicator may cause sensations of deep pulling, tugging and pinching. A surface applicator may cause sensations of pressure. You may experience intense cold, stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb.
Initial: _____
- ❖ The treated area may look or feel stiff after the procedure and transient blanching (temporary whitening of the skin) may occur. These are all normal reactions that typically resolve within a few minutes.
Initial: _____
- ❖ Bruising, swelling, and tenderness can occur in the treated area and it may appear red for one to two weeks after treatment.
Initial: _____
- ❖ You may feel a dulling of sensation in the treated area that can last for several weeks after the procedure. Other changes – including swelling, itching, tingling, numbness, tenderness to the touch, pain in the treated area, cramping, aching, bruising and/or skin sensitivity – also have been reported.
Initial: _____
- ❖ Patient experiences may vary. Some patients may experience a delayed onset of the previously mentioned symptoms. Contact us immediately if any unusual side effects occur or if symptoms worsen over time.
Initial: _____
- ❖ You may start to see changes in as early as three weeks after your CoolSculpting procedure, and will experience the most dramatic results after one to three months. Your body will continue to naturally process the injured fat cells from your body for approximately four months after your procedure.
Initial: _____
- ❖ Additional treatments may be needed to reach your desired outcome.
Initial: _____
- ❖ In rare cases, patients have reported darker skin color, hardness, discrete nodules, freeze burn, enlargement of the treated area, hernia or worsening of existing hernia following the CoolSculpting procedure. Surgical intervention may be required to correct tissue enlargement or hernia formation. I understand that these and other unknown side effects may also occur.
Initial: _____

Womens Own Obgyn LLC.

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TREATMENT CONSENT FORM

Do you have any of the following? :

- List of medical conditions with Yes/No options: Cryoglobulinemia, Known sensitivity to cold, Impaired peripheral circulation, Neuropathic disorders, Impaired skin sensation, Open or infected wounds, Bleeding disorders, Recent surgery or scar tissue, A hernia or history of hernia, Skin conditions, Pregnancy or lactation, Any active implanted devices.

Pictures will be obtained for medical records. If pictures are used for education and marketing purposes, all identifying marks will be cropped or removed. Initial: _____

As with most medical procedures, there are risks and side effects. These have been explained to me in detail. I have read the above information, and I give my consent to be treated with the CoolSculpting® procedure by Dr. Hetal Gor and his/her designated staff.

Print Name: _____ Signature: _____ Date: _____

Witness: _____ Date: _____



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PATIENT TAKE-HOME GUIDELINES

What to expect after the CoolSculpting procedure:

- ❖ Typically, there is a minimal discomfort and recovery time after the CoolSculpting procedure. Most patients are able to return to their daily routine immediately after the procedure.
- ❖ Many patients experience redness in the treated area for up to a few hours after the applicator is removed. In rare cases, it may persist for up to two weeks.
- ❖ Many patients have minimal discomfort following the procedure; however, you may experience one or more of the following sensations; swelling, itching, tingling, numbness, tenderness to the touch, pain in the treated area, cramping, aching, bruising and/or skin sensitivity. Consult your doctor if these conditions persist beyond two weeks or worsen over time.
- ❖ Following the procedure, a gradual reduction in the thickness of the fat layer will take place. You may start to see changes as early as three weeks after the CoolSculpting procedure, and you will experience the most dramatic results after one to three months. Your body will continue to naturally process the injured fat cells from your body for approximately four months after your procedure.
- ❖ In rare cases, patients have reported darker skin color, hardness, discrete nodules, freeze burn, enlargement of the treated area, hernia or worsening of existing hernia following the CoolSculpting procedure. Surgical intervention may be required to correct the enlargement or hernia.

Next steps:

- ❖ Weight gain will prevent you from appreciating your full results. Maintain a healthy diet and exercise routine after your procedure to continue appreciating your full results.
- ❖ Schedule a follow-up medical assessment to review your clinical results and discuss the option of additional treatments to achieve your desired outcomes.

Please call us at (201) 541-6868 if your symptoms appear to worsen or last longer than two weeks.



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PATIENT PHOTOGRAPHY RELEASE FORM

Patient Name: _____

I, _____, authorize Womens Own Obgyn LLC., Dr. Hetal Gor, and staff representatives, to take photographs of my body for medical purposes to be used for my patient care, marketing, literature and/or case presentations.

I understand that:

- ❖ Photographs are taken to capture treatment outcomes for the CoolSculpting® procedure.
- ❖ They may be used for print, visual, or electronic media including but not limited to, scientific presentations, websites and for purposes of informing the medical profession or general public about the procedure. These uses may also include marketing on behalf of Womens Own Obgyn LLC.
- ❖ The images taken of me may be published by Womens Own Obgyn and its agents.
- ❖ I will not be identified by name in any of the published materials.
- ❖ My face will not be shown in the photographs nor will they reveal my identity.
- ❖ I have the right to revoke this authorization in writing at any time through a written revocation to Womens Own Obgyn LLC.

I hereby release Womens Own Obgyn LLC., Dr. Hetal Gor, and its agents from any and all claims and demands arising out of, or in conjunction with, the use of the photographs.

I certify that I have read this release carefully and fully understand its terms. If I have any questions I can contact Womens Own Obgyn LLC. at (201)541-6868.

If under 18, guardian or parent must sign.

Print Name: _____ Signature: _____ Date: _____

Witness: _____ Date: _____



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CoolSculpting Patient Pre-Consultation Intake

Best Practices to Guide and Maximize Your Patient Consultation

Front Desk

Patient Name _____ Phone _____

Date Consultation Appointment Made _____

Consultation Date _____ Time _____

CoolSculpting Specialist

The Critical Questions

1. How did you hear about the CoolSculpting procedure?
2. How did you hear about the practice?
3. What made you interested in the CoolSculpting procedure?
4. What area is troubling you the most?
5. Is there something special that you are trying to get ready for?
6. If there is a special event, what is the date?



TREATMENT CONSULTATION FORM

Patient Name: _____

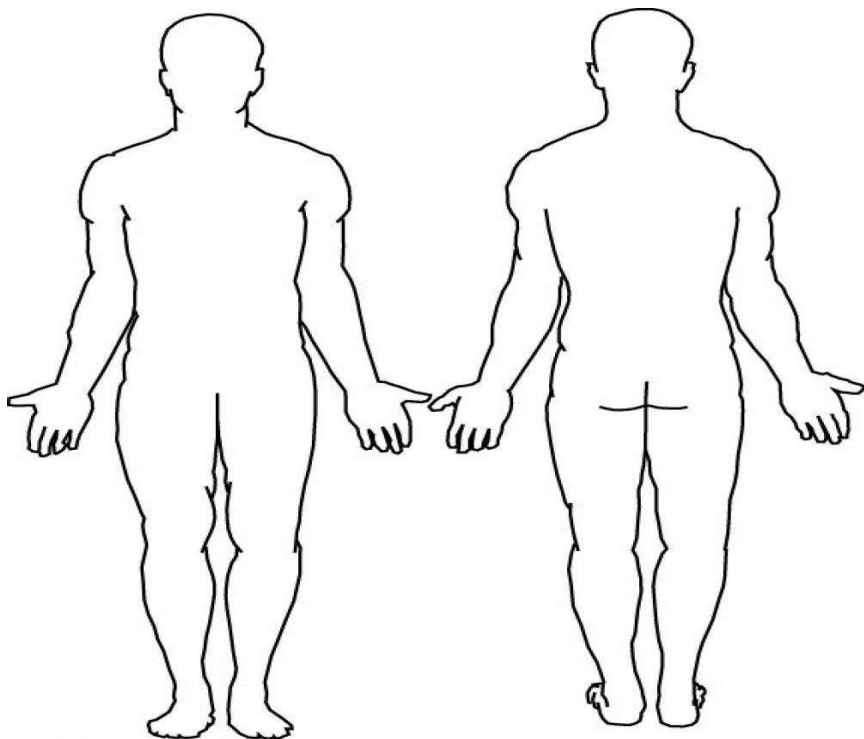
Date: _____

Consultation led by: _____

Gender: M / F Weight _____

Has your patient had other aesthetic procedures for the face and body? _____

How did your patient hear about the CoolSculpting® procedure? _____



TREATMENT PLAN

CoolCurve+™ Applicator: _____

CoolCore™ Applicator: _____

CoolFit™ Applicator: _____

CoolMax™ Applicator: _____

CoolSmooth™/CoolSmooth PRO™

Applicator: _____

CoolMini™ Applicator: _____

Total: _____

PRICING

Treatment price: _____

Discount: _____

Total: _____

Savings: _____

Notes:

Patient Signature: _____

Date: _____

TREATMENT PLANNING FORM



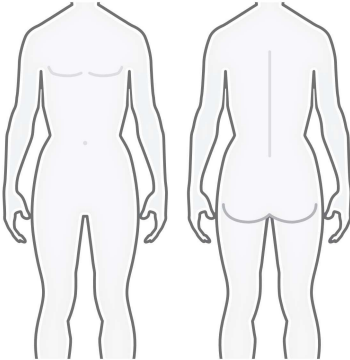
Patient Name: _____

Patient ID/No: _____

TREATMENT SESSION

Date: _____ Weight: _____ Led by: _____

Applicator placement



Vacuum settings:

- CoolCore™ Applicator (eZ App 6.3): _____ @ _____
- CoolCurve+™ Applicator (or eZ App 6.2): _____ @ _____
- CoolFit™ Applicator: _____ @ _____
- CoolMax™ Applicator (eZ App 8): _____ @ _____
- CoolSmooth™ Applicator: _____

Start time: _____ End time: _____

- Pre-treatment photos taken
- 2-minute post-treatment manual massage

Treatment comments/observations:

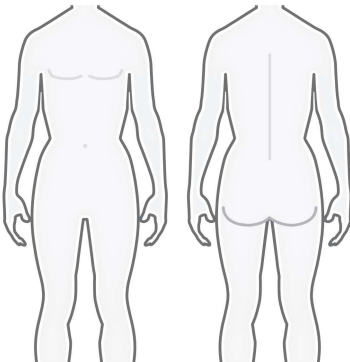
Follow up comments/observations: Date: _____ Weight: _____ Led by: _____

- Post-treatment photos taken
- 48-hour post-treatment phone call

TREATMENT SESSION

Date: _____ Weight: _____ Led by: _____

Applicator placement



Vacuum settings:

- CoolCore™ Applicator (eZ App 6.3): _____ @ _____
- CoolCurve+™ Applicator (or eZ App 6.2): _____ @ _____
- CoolFit™ Applicator: _____ @ _____
- CoolMax™ Applicator (eZ App 8): _____ @ _____
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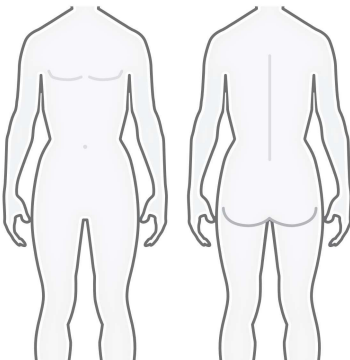
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