  



(530) 222-3678

Quote & Purchase Agreement

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUOTE:**

The above named client is interested in CoolSculpting**ⱡ** procedures. Area(s) of Focus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ⱡ**CoolSculpting requires double treatments per area for best results & client satisfaction.

**TOTAL TREATMENTS, CUSTOMARY CHARGE & PROMOTIONAL CHARGE (if applicable):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HANDPIECE | ABBR. | Number of Treatments | Customary Charge | Promotional Charge |
| Cycles |  | **1** | **2** |  |  |
| CoolAdvantage Max: Plus Core & Curve | **MCC****MCV** |  |  |
| Cool Mini(s) | **CM** |  |  |
| CoolAdvantages | **CC, CV, PC, PCV, PF, S, F** |  |  |
| TOTAL TREATMENTS |  |  |

**TOTAL CHARGES FOR COOLSCULPTING IF BOUGHT TODAY\*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\***Quote is good for 30 days from the above date.

**Notes:**

Coolsculpting Specialist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 



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**PURCHASE AGREEMENT:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilizing the promotion(s) noted in the QUOTE (If the QUOTE is within the 30 day active period), the client has decided to purchase the following number of CoolSculpting treatments:

**NOTE:** Itemize all treatments for future reference (if QUOTE is attached, may write “See Quote”).

**TOTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If scheduling is to be postponed for more than 30 days, this MUST be noted by Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purchase fee collected AND procedure scheduled by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE TO CLIENT:** The TOTAL QUOTED PRICE will be required at the time of scheduling and ensures locking-in of any promotional prices offered.





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SERVICE & PAYMENT AGREEMENT

**Initial ALL Do not sign this form without reading and understanding its content. If you have any questions,**

**LINES below please ask before signing.**

**PAYMENT AGREEMENT:**

If utilizing a promotional discount for services, the promotional price quote is only applicable until the date noted on the Quote & Purchase (QPA). Services must be scheduled and paid in-full by the date on the QPA. If scheduled after this date, a NEW promotional price or customary charge will be applied and a new QPA will be

\_\_\_\_\_\_\_\_\_\_ required.

**CANCELLATION POLICY:**

CoolSculpting packages generally require blocking out many hours to multiple days of our schedule, as well as hours of staff prep time. Therefore, **if you must postpone your CoolSculpting** **we require a minimum of 72 hours (3 days) prior to your appointment. You must reschedule within 10 days to remain in good standing**.

**CoolSculpting appointments cancelled in less than 72 hours will be charged a non-refundable $200 per**

**\_\_\_\_\_\_\_\_\_\_ treatment restocking fee. All CoolSculpting packages, once scheduled and paid for, are non-refundable.**

**However, you may still be able to:**

1. Apply the balance (total paid minus services rendered, late cancellation or No-Show fees, & loss of all promotional discounts, including package pricing) towards services or product of equal or lesser value.

2. These credits MUST be used within 3 months of the Quote & Service Agreement. If not, the credits will be voided.

3. The balance cannot be used towards promotional specials of greater value than originally scheduled. For Example: if quoted 40% off in March and four appointments are paid and scheduled, you cannot then cancel after two appointments and get the May special of Buy One, Get One Free using your credits.

\_\_\_\_\_\_\_\_\_ 4. **No refunds will be issued**

**MEDICAL/AESTHETIC INFORMED CONSENT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to **COOLSCULPTING** for the aesthetic purpose of non-invasive fat reduction using the process of cryolypolisis (cooling fat cells to a temperature which induces a slow process of fat cell death over a period of months). The procedure was explained to me

\_\_\_\_\_\_\_\_\_ fully during my consult *and* in the informational packet provided to me.

Clinical studies of a treatment site have shown that the CoolSculpting procedure can break down fat cells to change the appearance of visibly localized bulges of fat that is just beneath the skin on the abdomen, thighs, flanks and submental area. The submental area is the area under the chin. Following the procedure, the treated fat cells are naturally processed by the body. Visible results vary from person to person. Artistry

\_\_\_\_\_\_\_\_\_ Aesthetics strives to make our clients happy, however, we DO NOT guarantee results.

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I acknowledge that the procedure will be performed by staff designated by Dr. Farley *OR* by Dr.

\_\_\_\_\_\_\_\_\_ Farley.

**I have been made aware of the most common temporary sensations/symptoms of CoolSculpting. These include (but are not limited to:**

A deep pulling, tugging and pinching sensation caused by the suction pressure of the vacuum applicator. You may experience intense cold, stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside during treatment as the area becomes numb.

You may have dizziness, lightheadedness, nausea, flushing, sweating, or fainting during or immediately after the treatment due to a vaso-vagal nerve response.

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.

Bruising, swelling, redness, cramping and pain can occur in the treated area and the treated area may appeared for one to two weeks after treatment.

You may feel a dulling of sensation in the treated area that can last for several weeks after the procedure. Prolonged swelling, itching, tingling, numbness, tenderness to the touch, pain in the treated area, cramping, aching, bruising and/or skin sensitivity also have been reported. **Please call immediately if you have signs of,**

**\_\_\_\_\_\_\_\_\_ temporary nerve pain such as, itching, tingling, numbness, or aching. These symptoms CAN be treated.**

 After submental area treatment, a feeling of fullness in the back of the throat may occur. Initial if the

\_\_\_\_\_\_\_\_\_ submental area is to be treated. If the area under the chin is not being treated, please write N/A.

**I have been made aware of and understand the following potential side effects and risks can occur with treatment and I acknowledge Artistry Aesthetics will not be held responsible for these risks or their corrective treatments/procedures:**

I have been informed about a very rare but serious side effect called **paradoxical adipose hyperplasia (PH):** A small number of patients have experienced gradual development of a firmer enlargement, of varying size & shape, in the treatment areas in the months following treatment. If such PH occurs, it will be distinguishable from temporary swelling and will probably not resolve on its own. The enlargement/lump can be removed via a surgical procedure such as liposuction. I understand that Artistry Aesthetics is not responsible for such rare side effects or subsequent treatment(s) it may require.

Treatment area demarcation—A small number of patients have experienced excessive fat removal in the treatment area, resulting in an unwanted indentation. The indentation may be improved through corrective procedures.

In rare cases, patients have reported the CoolSculpting treatment area to have darker skin color, hardness, discrete nodules, frostbite (local injury due to cold), hernia, or worsening or pre-existing hernia. Surgical intervention may be required to correct hernia formation.

Patient experiences may vary. Some patients may experience a delayed onset of the previously mentioned symptoms. Contact your physician immediately if any unusual side effects occur or if symptoms worsen over time.

\_\_\_\_\_\_\_\_\_ I understand that the above and other unknown side effects may also occur.

 **RESULTS:**

I am aware that I may start to see results as early as three weeks after CoolSculpting, and will experience the most dramatic results after one to three months. I understand that my body will continue to naturally process the injured fat cells from my body for approximately four months after the procedure.

I understand that results vary from person to person. I, along with my CoolSculpting Specialist, may decide additional treatments are necessary to achieve my desired outcomes. Although highly unlikely, I acknowledge

\_\_\_\_\_\_\_\_\_ it is possible I will not experience any noticeable results from the procedure.

**I understand that if I have been diagnosed with *Cryoglobulinemia, Cold Agglutinin disease, or Paroxysmal Cold Hemoglobulinuria,* I CANNOT have CoolSculpting and need to inform the staff of Artistry Aesthetics**

\_\_\_\_\_\_\_\_\_ **immediately. CoolSculpting WILL cause serious side effects in people diagnosed with any of these disorders.**

I acknowledge CoolSculpting is not a treatment for obesity. Rather, it can help eliminate small

\_\_\_\_\_\_\_\_\_ amounts of excess external fat that does not easily go away with diet and exercise alone.

 CoolSculpting treatments lost due to excessive movements will not be refunded, nor will they be re-

\_\_\_\_\_\_\_\_\_ treated for free.

I understand that there is usually no period of incapacity or convalescence required after CoolSculpting.

\_\_\_\_\_\_\_\_\_ However, individual discomfort or pain tolerance vary.

I am aware there are alternatives to CoolSculpting such as (but not limited to) surgery, liposuction,

\_\_\_\_\_\_\_\_\_ other aesthetic procedures/modalities, weight loss, or having no treatment at all.

Further, I was given the opportunity to ask any questions I have regarding the procedure and I have,

\_\_\_\_\_\_\_\_\_ had those questions answered to my satisfaction.

 Pictures will be obtained for medical records. If pictures are used for education and marketing purposes, all

\_\_\_\_\_\_\_\_\_ identifying marks will be cropped or removed.

I have read and initialed the above Service & Payment Agreement, Cancellation Policy, and Medical Aesthetic Informed Consent, and understand the above terms. I have read the Results section above and recognize that Artistry Aesthetics, Dr. Farley, and his/her staff are not responsible for side effects, potential convalescence time, or lack of results. I have participated in (or refused) a free CoolSculpting consultation. I understand results may vary on each individual and, just as there are benefits from CoolSculpting, all procedures involve risk to some degree. By signing below I am acknowledging my understanding of all of the above and give consent to be treated with the CoolSculpting procedure by Artistry Aesthetics, Dr. Farley, and his/her designated staff.

Treatment #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Printed Name Date

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 Staff Signature Printed Name Date

Treatment #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Printed Name Date

Treatment #3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date

Treatment #4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date

mmf 6.2020

  

 **(530) 222-3678**

**CoolSculpting Absolute Contraindications & Precautions**

**Do you currently have or have had any of the following (circle YES or NO)?**

**1. Cryoglobulinemia (a condition in which an abnormal level of proteins thicken the blood with cold temperatures), or paroxysmal cold hemoglobinuria or cold agglutinin disease (blood disorders in which cold temperatures lead to red blood cell death)? YES NO**

**2. Known sensitivity to cold such as cold urticaria (hives triggered by cold), Raynaud’s disease (disorder in which cold leads to reduced blood flow in the fingers, which appear white, red or blue), pernio or Chilbains (itchy and/or tender red or purple bumps that occur as a reaction to cold)? YES NO**

3. Poor blood flow in the area(s) to be treated? **YES NO**

4. Neuropathic (nerve) disorder such as post-herpetic neuralgia or diabetic neuropathy? **YES NO**

5. Impaired skin sensation? **YES NO**

6. Open or infected wounds? **YES NO**

7. Bleeding disorders or use of blood thinners? **YES NO**

8. Recent surgery or scar tissue in the area to be treated? **YES NO**

9. A hernia or history of hernia in the area to be treated or adjacent to treatment site? **YES NO**

10. Skin conditions such as eczema, dermatitis, or rashes? **YES NO**

11. Pregnancy or lactation (making breast milk or breast feeding)? **YES NO**

12. Any active implanted devices such as pacemakers and defibrillators? **YES NO**

13. Any major health problems such as liver disease? **YES NO**

14. Any known sensitivity to isopropyl alcohol (rubbing alcohol) or propylene glycol? **YES NO**

I understand that the diseases and disorders in red are absolute contraindications to having CoolSculpting and that not notifying the staff of Artistry Aesthetics or Dr. Farley is a breach of contract. I am aware that the items in black are precautions that could lead to poor results and/or complications and that Artistry Aesthetics & staff/Dr. Farley are not responsible for the outcome. In addition, as with most medical aesthetic procedures, there are other risks and side effects. These have been explained to me in detail. I have answered the above questions truthfully, to the extent of my knowledge, and give my consent to be treated with the CoolSculpting procedure by the physicians in the practice and his/her designated staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name Signature Date

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 CoolSculpting Specialist Date

mmf 6.2020