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Name: _____

This consent to treatment form explains the risks and benefits of the Contour Light treatments.

Client understands the following:

1. Results vary greatly from person to person. No result is guaranteed.
2. Contour Light is a treatment intended to be implemented in conjunction with a modification in diet and lifestyle as part of a complete protocol. The recommended diet and lifestyle is a critical part of the program and are essential in achieving the maximum results.
3. Temporary hyper pigmentation/hypo pigmentation (changes in skin color) on rare occasion may occur as a result of treatment.

Contour Light should not be used by clients with any of the conditions listed below.

Conditions that Prevent Treatment:

Client agrees (by initialing) that all of the following are true:

_____ I am over the age of 18

_____ I do not have and never had any of the following medical conditions:

- Cancer (active or within 1 Year of remission)
- HIV/AIDS
- Hepatitis C or D
- Uncontrolled High Blood Pressure

_____ I am not pregnant or breastfeeding

_____ I do not have a pacemaker

SIGNATURE

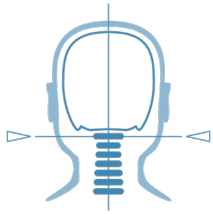
By signing below, client agrees that provider listed above may perform the Contour Light procedure for the purpose of body contouring. Client understands and accepts the risks listed above and agrees that all information provided on this form is true and correct to the best of client's knowledge.

Client Signature _____ Date _____

DISCLOSURE TO THIRD PARTIES (OPTIONAL)

By signing below, client agrees to permit provider and third parties authorized by provider to use client's name, photos and/or videos in the marketing of the Contour Light system and procedure. Absent a signature, provider will not disclose client's identity to any third party except as required by law.

Client Signature _____ Date _____



Balanced Living
Chiropractic & Functional Medicine

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Your success is our #1 priority. Help us to help you achieve that success by filling out this questionnaire as completely as possible.

Name: _____ Date: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____ Height: _____ Weight: _____

Age: _____ Sex: _____

Are you currently under the care of a physician?

Do you exercise? _____ How often? _____ What type? _____

What do you expect from your Contour Light treatment?

If you were referred by one of our former clients, please tell us who we can send a Thank You note to:

Weight Loss:

How much weight have you decided to lose?

What methods failed to help you lose weight?

How many times a year do you diet? _____

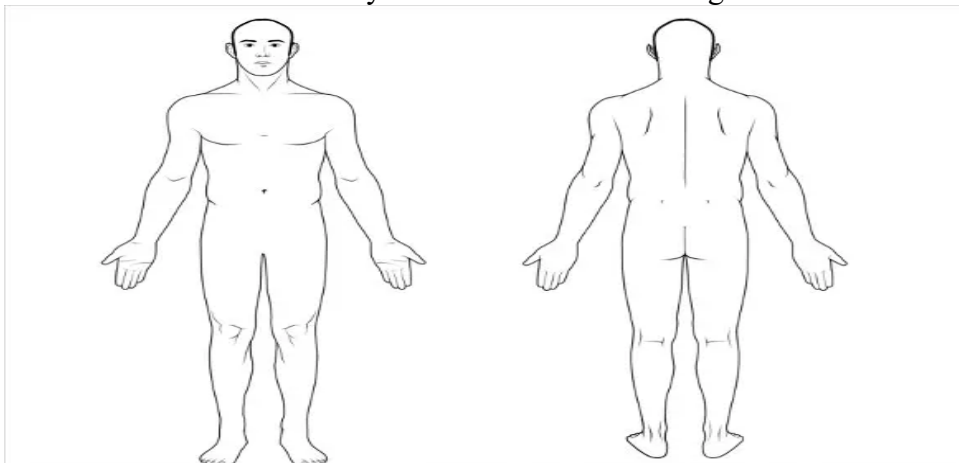
Is successful weight loss a top priority (explain)?

What new activities will you become involved in after losing weight?

How fast do you want to be thin, trim, and fit?

Do you feel tired, run down, and out of energy? _____

Client Intake Form Areas Of Your Body That You Want To Change:



Contour Light Protocols

1. Treatments cannot be scheduled closer than 48 hours together. We do see better results when 2 treatments are done in a week's time.

Reason: (Lymphatic and liver need this time in between to process, better results).

2. Do not eat 2 hours before or 2 hours after each treatment.

Reason: (Liver can get confused on the food or the fat that was dumped, optimal results with no food).

3. Exercise immediately after each treatment (whole body vibration, 10 minutes on an elliptical machine, brisk 10-minute walk, etc.

Reason: The Contour Light is releasing a lot of fat into the body. We must do something to get the fat into the lymphatic system to process.

4. Maintain a healthy diet of low carbohydrates / low fat that is designed, at a minimum, to maintain your weight and not cause you to gain weight.

Reason: Everyone will ask how long will this last? It will last as long as you maintain a healthy diet. Fat cells are still there, eating junk food etc. everyday will cause the fat cells to eventually fill up.

5. Drink at least ____ ounces of water per day (0.5 ounces of water for each pound of body weight) the day of your treatments.

Reason: The more hydrated the mitochondria of the fat cell is, the more fat cells that will open up during the time of treatment. This is a very important protocol for optimal results.

6. Reduce or eliminate alcohol consumption while receiving these treatments (alcohol interferes with liver function, reducing its ability to process fatty acids).

7. No lotions or creams on the body parts you will be treating.

Reason: Lotions and creams will reflect light away; we want the body to absorb as much light as possible for optimal results.

8. What to wear during treatment: Bathing suit or under garments if you're comfortable wearing just that. Keeping in mind wherever you want to lose inches, the light has to be emitting on the skin.

Reason: The light does not penetrate through clothing.