Address 1 2445 Country Place Blvd. Suite 103, New Port Richey, FL 34655.
Address 2 6928 W. Linebaugh Ave. Suit 102, Tampa, FL 33625
Phone (813) 749-7143
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Ultrasonic Cavitation Treatments

Ultrasound- Cavitation Body Shaping is an aesthetic treatment. Using leading edge ultrasonic- cavitation technology. It disrupts the membrane around fat cells allowing the fatty substance inside to be naturally drained by the body's own filtration system.

The treatment can be followed by a lymphatic drainage with Pressotherapy which is very effective at eliminating liquids.

How it works?

The ultrasound-cavitation creates bubbles in the liquid that surround the fat cells, which gradually grow, and implode. As the membranes of fat cells do not have the structural capacity to withstand the vibrations, the effect of ultrasonic cavitation easily breaks them, while sparing the vascular, nervous and muscular tissue.

What happens to the released fat?

After disruption and emulsification of the fat cells, liquid which makes up the fat cells, in the form of triglycerides, is released into the interstitial fluid between the cells. This fluid is then metabolized to glycerol and free fatty acids. Water soluble glycerol is absorbed by the circulatory system and used as the energy source, whereas the insoluble free fatty acids are transported to the liver and processed as fatty acids from food.

What is the treatment like?

The cavitation treatment does not require any special pre-treatment. It starts with circumference measurement of the target body area and continues with use ultrasonic pads or some time applicator over the treatment site.

The duration of treatment session normally takes around 20 – 40 minutes, depending on the size of the area and the thickness of the fat layer.

Is Ultrasonic Body Shaping a safe treatment?

Yes, the therapist will complete a medical questionnaire with you to make sure it is safe for you to undergo this kind of treatment. It is a nonsurgical procedure without anesthesia, it is non-invasive (no cutting, leaves no scars or need post-operative course) and it allows for a full social life both before and after the sessions.

Is Ultrasonic Cavitation painful?

No, cavitation is a completely painless treatment.

Can these treatments be performed on male and females?

Yes, of course.

Which are the areas where treatment is more effective?

All those areas with localized fat and cellulite: thighs, abdomen, buttocks, hip flanks, arms and legs.

Is it possible to lose weight with Ultrasonic Cavitation?

Ultrasonic cavitation is NOT a method to lose weight but rather to shape the body. The treatment is used to reduce stubborn fatty pockets that just won't go away with diet and exercise and to improve the appearance of cellulites.

Must you follow any guidelines before or after undergoing Ultrasonic Cavitation?

We recommend a low calorie diet and to drink at least 1.0-1.5 liters of water before and after the session. After the session we recommend to do a small amount of cardio (brisk walk/jog). Drinking water and half an hour of cardio is a necessary part in order to eliminate the fat.

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What are the side effects of Ultrasound Fat Cavitation?

You can go about your normal activities right away. You may continue to experience a residual buzzing or ringing sound in your ears for up to 24 hours. Skin trauma is rare, however the area treated may retain warmth for a few hours afterwards. It is not uncommon for stool movements to be oily in the days that follow, or for urine to have an unusual smell as excess waste leaves the body. It is absolutely vital to keep water intake high during the days following treatment to help flush your system.

What might prevent me having an Ultrasound Fat Cavitation treatment?

Cancer: Cancer cells travel via the lymphatic system, as does waste produced by Ultrasound Cavitation. A treatment presents an unacceptable risk of helping to move cancer cells.

Cold or flu symptoms or fever: Ultrasound Cavitation releases toxins from the body via the lymphatic system, and treatments can exacerbate flu symptoms which also leave the body the same way.

Swollen lymph nodes: Treatments cannot be performed in areas where lymph nodes are swollen, infected, or not draining properly.

Oedema: Oedema or localized swelling of limbs indicates poor lymphatic flow. Treatments are not designed to alleviate oedema and may in fact exacerbate the condition.

Active Infections & Immunosuppression: These factors compromise the healing ability of the body, and Ultrasound Cavitation should not be attempted until the infection or deficiency is cleared.

Liver, Kidney, or Heart Disease: Compromises the ability of the body to recover from treatments.

Severe hypertension, hyperlipidemia, diabetes mellitus, or poor circulation of blood and lymph.

Pregnancy: Sound waves generated by the treatment will very likely harm an unborn child's hearing and may also result in compromising its immune system.

Breastfeeding: As mother's milk draws nutrients from the body, there is an unacceptable degree of risk that toxins may pass into the milk and therefore be ingested by a nursing child.

Lymph nodes and joints cannot be treated with cavitation.

The face and neck cannot be treated with cavitation however RF can be.

Menstruation: During a period, the abdomen cannot be treated however other areas can be.

Metallic Implants: People who have metal implanted anywhere in their bodies, such as bone pins or pace makers cannot receive a treatment.

Skin allergies or inflammation: Areas with obvious signs of inflammation cannot be treated.

Minors: Due to the changing hormonal and fat deposits in the growing body during puberty, we do not treat clients under 18 years of age with Ultrasound Cavitation or Radio Frequency.

What after-care will optimize my results from an Ultrasound Fat Cavitation treatment?

Essentially, Ultrasound Fat Cavitation is designed to destabilize and break down fat into carbohydrates and waste material. If not followed by exercise and plenty of water, the destabilized fat will reform and resettle. Think of the process in simple terms. Fat and sound waves. If you put a tub of butter in the microwave and heat it, the butter destabilizes into liquid. If you leave it to sit however, it solidifies again. The same applies to this treatment, and that's why cardiovascular exercise and water are vital. Cardio afterwards serves two purposes; to burn off the released carbohydrates, and to encourage the contraction and expansion of lymphatic vessels to channel out waste. Meanwhile, the water acts to thin that waste and to hasten its removal from the body through the urine.

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Confidential Patient Information

Name:_____ Date of Birth:_____ Age:_____ Sex: ☐ Male ☐ Female

Address:_____ City:_____ State:_____ Zip:_____

Homephone:_____ Cellphone: _____ Email Address:_____

Please check if you are affected by or have any of the following:

- ☐ Asthma
- ☐ Cardiac Problems D
- ☐ Depression/Anxiety
- ☐ Eczema
- ☐ Epilepsy
- ☐ Fever Blister
- ☐ Headaches-chronic
- ☐ Hepatitis
- ☐ Herpes
- ☐ High Blood Pressure
- ☐ Hysterectomy
- ☐ Immune Disorders
- ☐ Lupus
- ☐ Metal bone
- ☐ Pins or plates
- ☐ Pacemaker
- ☐ Sinus Problems
- ☐ Skin Diseases-other
- ☐ Urinary or Kidney Problems

Are you... ☐ Pregnant? ☐ Trying to get Pregnant? ☐ Breastfeeding? ☐ Lactating?

Please choose the best match for yourself

What is your hereditary background? _____

Natural Eye Color:_____ Natural Hair Color:_____ Skin tone:_____

Do you consider your skin (Check all that apply):

- ☐ Normal
- ☐ Dry
- ☐ Dark Circles
- ☐ Oily
- ☐ Acne
- ☐ Comedones/blackheads
- ☐ Milia
- ☐ Cysts
- ☐ Acne-Scarred
- ☐ Large Pores
- ☐ Small Pores
- ☐ Rosacea
- ☐ Eczema
- ☐ Freckled
- ☐ Melasma
- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- ☐ Uneven/blotchy
- ☐ Patchy Dryness
- ☐ Sallow
- ☐ Psoriasis
- ☐ Dehydrated/lacking Moisture
- ☐ Telangiectasia/broken Surface
- ☐ Capillaries
- ☐ Breakouts

Do you consider your skin: ☐ Sensitive ☐ Resilient ☐ Unsure

Do you have any allergies to medications? (Please list all allergies on back of page.)

Do you have allergies to cosmetics, foods, or drugs?	☐ Yes	☐ No	Have you had skin cancer?	☐ Yes	☐ No
Do you have allergies to aspirin?	☐ Yes	☐ No	Have you ever or are you now using Accutane?	☐ Yes	☐ No
Do you use or receive depilatories or waxing?	☐ Yes	☐ No	Are you sensitive to alcohol based products?	☐ Yes	☐ No
Have you had collagen, Botox or other dermal filler injections?	☐ Yes	☐ No	Do you use sunscreen daily?	☐ Yes	☐ No
Are you presently under a physician's care for any skin condition?	☐ Yes	☐ No	Are you taking birth control or hormone replacements?	☐ Yes	☐ No

If yes, please explain:_____

Do you have sensitive to any of the following? ☐ Yes ☐ No

☐ Milk ☐ Apples ☐ Citrus ☐ Grapes ☐ Aloe vera ☐ Aspirin ☐ Perfumes ☐ Latex ☐ Hydroquinone ☐ Mushrooms

Do you experience cold sores/fever blisters?	☐ Yes	☐ No	Do you use tanning beds?	☐ Yes	☐ No
Have you recently had facial surgery?	☐ Yes	☐ No			

If yes, what type of surgery?_____

Have you recently had laser resurfacing? ☐ Yes ☐ No

If yes, what type of treatments and when?_____

Do you smoke, use tobacco or live with a smoker?	☐ Yes	☐ No	Do you often experience stress?	☐ Yes	☐ No
Do you have permanent make-up?	☐ Yes	☐ No	Do you wear contact lenses?	☐ Yes	☐ No
Have you had professional skin care in the past?	☐ Yes	☐ No	Do you participate in vigorous exercise or sports?	☐ Yes	☐ No

What skin care products do you currently use? _____

How many ounces of water do you drink daily? _____

_____ _____

Signature Date

Florida Medspas
Where aging is optional.

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Client Treatment Consent and Release

I acknowledge that beauty treatments, the practice of skin care, and the practice of massage, including, but not limited to, microablation, microdermabrasion, waxing, electrolysis, facial toning, permanent cosmetics, body treatments, ionization, laser treatments, tattoo removal, vein treatments, brown spot removal, BOTOX, Collagen, Dermal Fillers, Sclerotherapy, Mesotherapy, Dermaplaning, and various other beauty procedures is not an exact science and no specific guaranties can or have been made concerning the outcome. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required inorder to realize a difference.

I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, and change in skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insured's, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

I have fully disclosed on my client intake form any medications, previous complications, or current conditions that may affect my treatment. I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

Date: _____

Client Signature: _____ Printed Name: _____

Model Release

In consideration for treatment received, I hereby grant permission to the individual or company that provided my treatment to use any photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation to me.

Date: _____

Client Signature: _____ Printed Name: _____

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HIPAA Consent

I give Westchase Medspa my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care options like quality reviews. I give Westchase Medspa my consent to use or disclose my protected health information in order to obtain payment for services and/or product.

I have been informed that I may review Westchase Medspa's Notice Of Privacy Practices (for a more complete description on uses and disclosures) before signing this consent.

I understand that Westchase Medspa has the right to change their privacy practices and that I may obtain any revised notices at the clinic.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that Westchase Medspa is not required to agree to the request. If Westchase Medspa agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Patient, parent or legal guardian:_____

Signature:_____ Date:_____

If signed by patient representative, state relationship to patient:_____

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Patient Treatment Record

Date:_____ Area Treated:_____ Settings:_____ Tech (Initial):_____
Notes:_____

Date:_____ Area Treated:_____ Settings:_____ Tech (Initial):_____
Notes:_____

Date:_____ Area Treated:_____ Settings:_____ Tech (Initial):_____
Notes:_____

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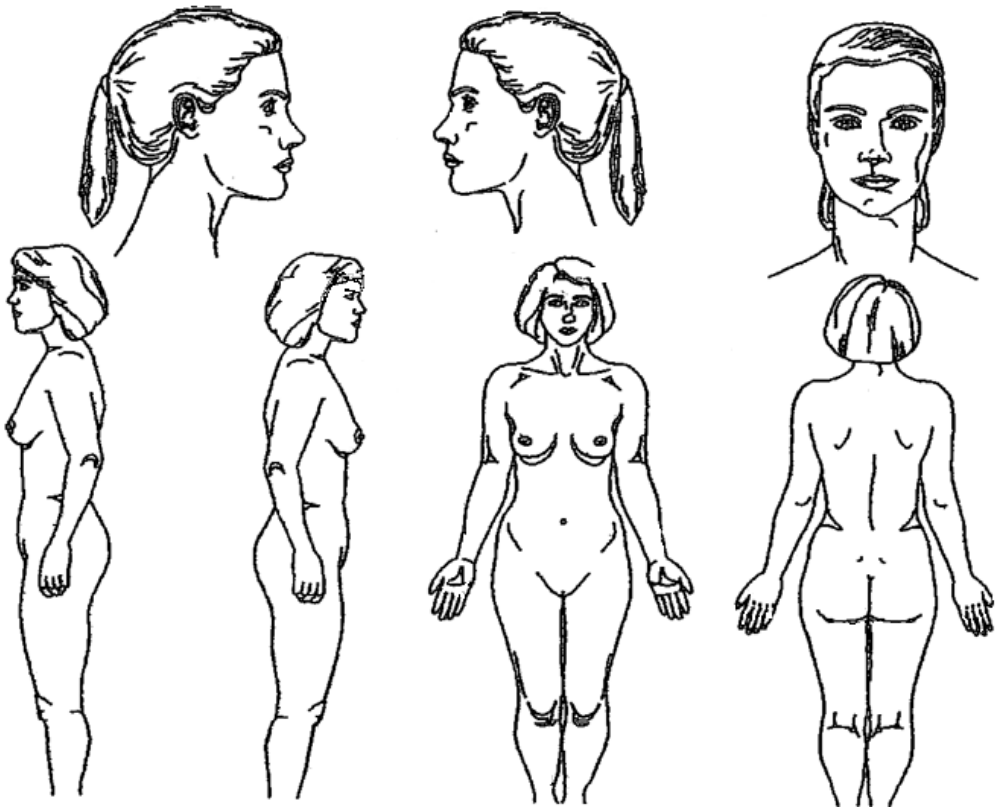
Notes:_____



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