



Texas Last Diet

LIPOMELT INTAKE FORM

Your Name:		Referred by:		Today's Date:	
Address:		City:		State:	Zip:
Home #:		Work #:		Cell #:	
Email Address:					
Height:	Weight:	Date of Birth:	Age:	Sex:	
Marital Status:		Are you pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes, how far along?			
How much water do you consume per day?					
Occupation:			How many hours per week do you work?		
Are you currently under the care of a physician? <input type="checkbox"/> No <input type="checkbox"/> Yes, for what reason(s):					
How stressed are you? (On a scale of 1 to 10, where 10 is the worst):					
Have you ever had any health conditions that affected your liver? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you ever had cancer? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Do you exercise?		<input type="checkbox"/> No <input type="checkbox"/> Yes, how often?		What type?	
Which do you want us to focus on? <input type="checkbox"/> Abdomen <input type="checkbox"/> Buttocks <input type="checkbox"/> Thighs <input type="checkbox"/> Chest <input type="checkbox"/> Arms <input type="checkbox"/> Neck <input type="checkbox"/> Cellulite					
How long have you been overweight?					
How much weight do you want to lose?					
Are you embarrassed about your weight/appearance? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
How important is weight or size reduction to you? (On a scale of 1 to 10, where 10 is the most important)					
Are other members of your family overweight? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?					
Do you feel tired, run down, or out of energy? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					

By signing below, I am confirming that I clearly understand and agree that all services rendered are charged directly to me and that I am personally responsible for payment.

Your Name (print): _____

Signature: _____ Date: _____



Texas Last Diet

LIPOMELT INFORMED CONSENT & LIABILITY FORM

Name: (First) _____ (Last) _____ DOB ____/____/____

Program and Background

You have requested treatment utilizing LipoMelt LED light therapy. This treatment is the application of a 635nm and 880nm light, which causes fat within the adipose (fat) cell to leave and accumulate in the interstitial space. This excess fat is removed by the body's lymphatic system and excreted without negative side effects or downtime. Any medical or cosmetic procedure carries risks, complications and varied results. The purpose of this document is to inform of the nature of this product and its risk. LED therapies have been approved by the FDA.

Procedure

Initially you will consult with a LipoMelt therapist to determine if you are a candidate for the LED therapy. You will have the opportunity to ask questions or voice concerns you may have regarding this treatment. If it is determined you are a candidate for this procedure, then paperwork, measurements, pre and post treatment photos (upon your approval) and suggested course of treatment will be given. The treatment is administered by placing up to 6 LED pads on the desired area(s) to be treated. Most patients will need a minimum of 9 – 12 treatments for the Light LED therapy to achieve its desired effect. This treatment should be used in conjunction with a healthy diet and exercise. You should consult a health care professional before beginning any new exercise program to determine if your body is physically able.

Risks/Discomfort

This treatment is non-invasive. During treatment there should be no discomfort. The client may feel the warmth of the light. LipoMelt is suitable for anyone over 18 who does not have any of the following issues:

- Pregnancy, Breast Feeding, Recent Cancer, Heart Disease, Pacemaker or Metal Pins or Plates.

Benefits

LED light therapy has become more prominent and has been used in many studies for pain management and recently by cosmetic surgeons to emulsify adipose before liposuction with FDA approval. The potential benefit of this treatment is body contouring without surgery. Problem areas or excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, flanks, and thighs. In clinical trials patients have averaged 2-5cm lost from their stomach, hips, and thighs. These results vary and no guarantee is implied or suggested that desired results will be achieved.

Voluntary Cosmetic Procedure

_____(Initial) I understand that this is a strictly voluntary cosmetic procedure. No treatment is necessary or required and the LipoMelt LED therapy has been chosen by myself (the client).

_____(Initial) I have been informed of the potential risks and side effects of LipoMelt including but not limited to redness, swelling, heat sensitivity, pain, increase bowel movements and increased urination. The risks, potential damages and adverse side effects have been explained to me and I fully understand them.

_____(Initial) I understand that a minimum of 9 to 12 treatments is required to achieve results at an average BMI of 25 to 30. A BMI of over 30 (which is considered in the obese range) requires a specific strategy moving forward with the minimum recommendation of 24+ treatments. Each body is different and may require more or less treatments depending on the client's diet, exercise, metabolism and body type. I understand the treatment is most successful if I also maintain a healthy diet and commit to an exercise program.

_____(Initial) I know that if after the treatment I gain weight, the results of the LipoMelt may be reversed.



Texas Last Diet

LIPOMELT INFORMED CONSENT & LIABILITY FORM (page 2 of 3)

_____(Initial) I understand that no guarantee has been given as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure. If at any time during the LipoMelt procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/ or terminate the session at my discretion.

_____(Initial) I duly authorize technicians to perform the procedure for the purpose of body contouring, lymphatic drainage, improvement of cellulite and skin tightening. I am aware that clinical results may vary depending on individual factors, medical history, patient compliance with pre/post treatment instructions, and individual response to treatment. If I do not make an effort to address my diet and exercise, the results achieved may not be retained.

_____(Initial) I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form I grant authority to perform the described treatment. The purpose of this procedure, risks, complications, alternative methods of treatment have been fully explained to my satisfaction. Cosmetic indications for these procedures include but are not limited to cellulite reduction, treatment of problem fat areas, skin tightening, and skin rejuvenation. Increased redness to the area for up to 12 hours may be experienced (although this is unlikely). Normal activities may be resumed following the treatment. Any photos taken will be used to show the clients progress and may be used in marketing ads.

Questions and Explanations

By signing below, you certify that this procedure has been explained to you and that you have been fully informed of the nature and purpose of the LipoMelt procedure, expected outcomes and possible complications, and understand that no guarantee can be given as to the final results obtained. You are fully aware that your condition is of a cosmetic concern and that the decision to proceed is solely based upon your expressed desire to do so. You are aware that LipoMelt may/can cause slight hypo/hyper-pigmentation of the skin and treatment is taken at your own risk (tattoo areas should be avoided). Any further questions can be directed to a LipoMelt Specialist. Furthermore, you are of lawful age and legally competent to sign this aforementioned release, and that you understand the terms herein is contractual and not a mere recital; You have signed this document of your own free will.

Whole Body Vibration Plate Exercise Risks

Whole Body Vibration Plate Machines are scientifically calibrated exercise machines designed to force your muscles to stretch and contract rapidly in small increments, replicating the same action which occurs during traditional exercising. Vibration exercises use your body weight and gravity to it's fullest potential. Please do not use a whole body vibration plate or any other exercise device without getting approval from your doctor.

The device is not recommended if you are: pregnant, diabetic with complications such as neuropathy or retinal damage, have a pacemaker, recently underwent surgery, suffer from Epilepsy or Migraines, have herniated disks, spondylolisthesis, spondylolysis, have cancer or tumors, have recent joint replacements, have metal pins or plates, or have any other concerns about your physical health. These contra-indications do not mean that you are not able to use a vibration or other exercise device, but it is recommended that you consult your physician first.

_____(Initial) I understand that using a whole-body vibration machine workout is a strictly voluntary physical activity chosen by myself (the client). If at any time I experience pain or discomfort of any kind, I agree to inform the staff immediately and/or terminate the exercise.



Texas Last Diet

LIPOMELT INFORMED CONSENT & LIABILITY FORM (page 3 of 3)

PRIVACY POLICY

We value your privacy and are committed to maintaining your security and confidentiality in the use of any information you choose to share with us. We do not disclose identifiable information to any third party without your consent. Further, we do not 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 permission. Copies of this form and signature will be valid as if original if this document is digitally scanned. If any part of this Release is found to be invalid by the courts having jurisdiction, or becomes inoperative for any reason, such invalidity shall not affect the validity and enforceability of any other provision of this release.

POLICIES AND TERMS AGREEMENTS

Cancellation Policy

We require a 24-hour cancellation notice.

_____ (initial) If I cancel within 24 hours of a reserved session, I will lose or forfeit my session.

_____ (initial) If I cancel within 24 hours of a reserved session, I will incur a \$44 no-show fee.

_____ (initial) If I fail to show or am more than 5 minutes late, I will lose my session and a \$44 no-show fee will be incurred.

Purchase and Reservation Policy

Sessions will only be confirmed and allowed up to the amount of pre-paid sessions. All sales are final and non-refundable. We reserve the right to terminate any client's session, package, or contract, without refunding any monies if the client has broken any terms or policies.

_____ (initial) ALL PURCHASES ARE FINAL, NON-REFUNDABLE AND NON-TRANSFERABLE.

I understand if I have purchased and pre-paid for a first-time customer promotion that I may not use or purchase another first-time promotion without consent. I further state that I am of lawful age and legally competent to sign this aforementioned release. The procedures, alternatives and risks have been explained to me and I have been given the opportunity to ask questions. I understand it is my responsibility to inform the staff is there are any changes to my medical history. I understand the terms herein is contractual and not a mere recital. I have signed this document of my own free act.

I HAVE CAREFULLY READ, UNDERSTOOD AND ACKNOWLEDGE ALL OF THE ABOVE STATEMENTS.

Client's Name	Client's Signature	Date
---------------	--------------------	------

Staff Member's Name	Staff Member's Signature	Date
---------------------	--------------------------	------



Texas Last Diet

LIPOMELT PROGRAM POLICIES

Missed Appointments

We require a 24-hour notice for any cancellations. If you do not provide a minimum of a 24-hour notice, you will be charged **\$44.00** for a late cancellation fee.

You **MUST** provide a credit card number to keep on file - **no exceptions**.

Card #:			
Exp Date:		CVV Code:	

Time Allotment for Sessions

Please allow 90-minutes for your initial LipoMelt Session. This will allow us to properly explain the session, get your measurements and allow adequate time for your LipoMelt Session. For subsequent visits, please allow 60-minutes. The exceptions will be on your 4th, 8th, 12th, 16th and 20th visits where you will again need to allow 90-minutes for measurements. If you have any questions regarding your session timing, please inquire prior to your appointment.

How You Can Help the LipoMelt Process

- Drink 8 to 10 glasses of water per day while on the LipoMelt program. We recommend pH balanced/ionized alkaline water to completely flush your system of the fat, toxins and hormones that are released during the session.
- Heavy meals should be avoided before and after each session. It is recommended that you follow a low fat/low carb diet so the fat cells are completely depleted.
- Limit caffeine on the day of treatment to ensure adequate hydration.
- 10 minutes of exercise is recommended after each session. We offer the Vibration Plate and hand-held fascia blaster for use after your LipoMelt session.
- Avoid alcohol during the LipoMelt program.
- Wear compression garments after your session to see maximum results. It is recommended that you wear these garments as soon as you complete the session and when you are in the exercise portion of your visit (Vibration Plate and/or hand-held fascia blaster). This compression will help to constrict the areas so fat cells and fat can move on to your liver for proper expulsion. We suggest you wear these garments at least 3 to 4 days after your session for the best results.

I understand these policies and agree to each of them as they are written above.

Client Name

Date

Client Signature



LipoMelt

INSTRUCTION AND RULES

Treatment Rules

- Women are asked to wear bikini-style bathing suits
- Prior to each session, please remove all creams, oil or make-up to areas being treated.

General Instructions

- We will be taking before and after pictures at your initial session. These will not include your face (unless requested) and are always taken on your own personal phone/camera.
- A minimum of 12 sessions is recommended for significant and long-lasting results.
- Regular appointments must be kept. It is imperative that you make-up any missed sessions to ensure cumulative and consistent therapy for the most beneficial results.
- It is recommended that you attend a session every other day to allow your liver time to process the additional fat being expelled.
- It is recommended that you take a liver support such as Pure® Milk Thistle (sold at TLD).
- Please drink plenty of water before and after your session. You need to drink 6 to 8 glasses of water per day to help flush the fat from your system.
- You should not eat one to two hours prior to your session.
- Some form of exercise for at least 10 minutes must follow each session to stimulate circulation and help process the fat that has been released. We supply the Vibration Plate for use after each LipoMelt session.
- A reduced calorie diet with limited carbs and simple sugars is suggested for maximum benefits.
- Avoid alcohol consumption during the treatment program.

We recommend a maintenance session a minimum of one time per month.

FOR MORE INFORMATION, CONTACT US AT:

TEXAS LAST DIET

26107 I-45 North, The Woodlands TX 77380

832.791.3438

info@texaslastdiet.com • www.texaslastdiet.com



Melt Fat at the Speed of Light!

ULTIMATE LIGHT THERAPY BY LIPOMELT

THE HISTORY AND THE SCIENCE

The theory behind the 635nm technology started in the late 1990's when a Columbian physician discovered that exposing a patient to mid-600nm light prior to liposuction made the procedure much easier to perform. The patients who were exposed to the light and underwent liposuction surgery immediately afterward had fat that was much easier to extract, almost as if the fat had been melted while still in their bodies.

But there wasn't any heat being generated by this light and there was no discomfort whatsoever experienced by the patients. To determine what occurred in this process, a clinical study was performed that involved fat cells from 12 subjects being exposed to 635nm light energy: within 6 minutes of exposure, 99% of the cell contents were released through the cell membrane/walls. It was determined the light initiated a photobiostimulation of the mitochondria that caused a reaction within the cell, creating what are referred to as "transient pores" in the cell membrane/wall, allowing these openings to release the contents of the cell.

Additional clinical studies have proven that this release of the cell contents causes the patient to experience a reduction in the circumference of the treated area: one study involved 86 patients who experienced an average 3-inch reduction and another study involving 689 patients who lost an average of 5 inches. The 635nm device used in these studies delivered a very low level of light energy due to the fact the light is low powered, the light source was 4" or more away from the subject's skin surface, and the light was moving: very little light energy reached the fat cells under the skin. Additionally, the studies only involved the application of the light and the test subjects were not involved in any additional steps to assist in the processing of the excess fats released within their bodies.

Based on these facts, it is clearly obvious the 635nm technology does have the desired effect on the fat cells, and it can deliver results when the full protocol is utilized. When the mitochondria of the fat cells are stimulated by the 635nm light energy, a signal is generated that opens the transient pores of the cell wall, resulting in a release of the contents of the cell. These contents are triglycerides; fatty acids, glycerol and water. At this point, the fat cell deflates much like a balloon that is emptied of its air volume. The triglycerides are deposited in the interstitial region of the body as a temporary holding vessel.

This is where the protocol becomes important. If a patient's body isn't properly prepared, the majority of the fatty acids that are present in the interstitial region of their body will be carried to their liver, processed, and released to their kidneys resulting in the elimination of those fatty acids in their urine and/or stools. If the patient is drinking a sufficient amount of water and gets some minimal exercise immediately after the exposure to the light, their lymphatic system will be stimulated and their interstitial region will be flushed of the excess fatty acids. Once the interstitial area has been vacated of the majority of the fatty acids, the studies proved that the treated area of their body will become reduced in circumference. When the lymphatic system delivers the fatty acids to their liver, it is most important that the patient has not been overeating and their liver is capable of processing the majority of these waste products.

By being on a healthy diet, more specifically a "calorie neutral" diet, and refraining from eating two hours before and two hours after the exposure to the light, more of the fatty acids will be processed and eliminated. If patients take a supplement that assists the liver in terms of health and capacity to process an increased amount of waste, a greater portion of the fatty acids will be eliminated. Lifestyles that create a stress on the liver will obstruct this process, so the consumption of alcohol is not recommended while undergoing these treatments.

FOR MORE INFORMATION, CONTACT US AT:

TEXAS LAST DIET

26107 I-45 North, The Woodlands TX 77380

832.791.3438

info@texaslastdiet.com • www.texaslastdiet.com



LipoMelt

FREQUENTLY ASKED QUESTIONS



How does LipoMelt Work?

The unique light emitted from LipoMelt causes the fat cell membranes to temporarily alter the permeability of the cell wall. This brief change allows some of the fat contents to seep out to where it can then be processed by the body. LipoMelt's LED system has a much higher absorption rate compared to laser treatment therapy due to the refraction and strength of the beam. Typically, each fat cell absorbs approximately 70% of the LED light energy compare to only 40% absorption rate for lasers. The result is far superior results in inch loss and fat reduction.

What happens to the fat?

After being released, the fat is broken down into free fatty acids and glycerol and it enters the blood stream. Once in the blood stream, the fatty acids can be either used as fuel or quickly eliminated by the body.

What can I expect during a LipoMelt session?

During the treatment, you will be placed lying down on a treatment table. Special pads will be positioned in strategic places on your body as you simply enjoy a relaxing 20-minute rest with gentle warmth.

What areas of the body can be treated?

The LipoMelt treatment can be effectively used on essentially every part of the body where localized fat deposits exist that are resistant to diet and exercise. This includes the face, waist, hips, upper legs, thighs, and upper arms.

What risks or side effects are involved?

There are no risks or side effects involved in using LipoMelt. It is considered a safe alternative to invasive procedures such as traditional liposuction. The LipoMelt treatment is 100% non-invasive and does not cause any bruising or scarring.

Do I have to follow a diet?

No changes are required, but you can expect better results if you reduce your caloric intake somewhat and increase your water consumption to 8-10 glasses a day. Meanwhile, reducing alcohol consumption will help the liver. Ask us about doing LipoMelt with our Ideal Protein weight loss method for optimal results!

Do I have to exercise?

After your treatment we use a vibrational exercise machine to move the released fat through the lymphatics. Clients should not exercise an hour prior to their treatment.

Does LipoMelt help with cellulite and loose skin?

Clients undergoing LipoMelt have noticed an improvement with cellulite as well as skin tone and texture.

What research has been done?

LipoMelt is based on the pioneering cold light research of NASA and leading clinicians.

FOR MORE INFORMATION, CONTACT US AT:

TEXAS LAST DIET

26107 I-45 North, The Woodlands TX 77380

832.791.3438

info@texaslastdiet.com • www.texaslastdiet.com
