

## CONSENT FOR COSMETIC ACUPUNCTURE

**Please read this document carefully and completely. Initial each page indicating that you have read the page. Your signature on the last page indicates that you have read the document, had your questions answered, understand the expectations and risks associated with cosmetic acupuncture, and consent to treatment**

This is an informed consent that explains the expectations and risks associated with the *Mei Zen Cosmetic Acupuncture System™* as performed by Dr. Seetal Cheema. Please be advised that this treatment is not a surgical procedure.

The purpose of cosmetic acupuncture is to create a younger and more vibrant appearance. An acupuncture treatment using the *Mei Zen Cosmetic Acupuncture System™* involves the insertion of acupuncture needles into the face, neck and body in order to reduce the visible signs of aging. According to the theory of Traditional Chinese Medicine, there are meridians or pathways of Qi (energy) that flow throughout the entire body. Therefore, it is possible for Cosmetic Acupuncture to address the energy of the entire body making it not merely a “cosmetic” treatment. Your complexion reflects the balanced state of energy in your entire body.

Similar to other acupuncture treatments, the cosmetic acupuncture is gradual and customized for each individual patient. You may be given recommendations for other modalities to incorporate for a full comprehensive treatment. Cosmetic acupuncture is not analogous to or a substitute for a surgical facelift.

The following changes may be experienced as a result of cosmetic acupuncture:

- Improved muscle tone
- Decreased puffiness around the eyes
- firming of sagging skin
- Reduction or elimination of fine wrinkles
- Even skin tone and improved sheen of complexion

FOR COSMETIC ACUPUNCTURE

P: 855.713.0334

F: 323.297.2772

E: [seetal@seetalcheema.com](mailto:seetal@seetalcheema.com)

## Alternative Treatments

Alternative cosmetic procedures for treating wrinkles, excess skin above and below the eyes, excess puffiness under the eyes, and sagging skin of the jowl and neck include but are not limited to the following: surgical facelift, chemical peels, liposuction, injections, surgical threading, and laser treatments. Risks and potential complications of these procedures include death, severe scarring, nerve damage, sloughing of the skin, lumpiness, swelling, allergic reaction, and permanent discoloration.

## Risks of Cosmetic Acupuncture

- **Bleeding and Bruising:** As with acupuncture in general, when a needle is removed some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally, a bruise or hematoma may appear. With bruising, it is important that you wear sunscreen when going outside. Topical and internal remedies will be discussed to address bruising.
- **Infection:** Infection at the needle site is very rare after an acupuncture treatment because the needles are sterile. If you suspect infection at the needling site (i.e. redness, swelling or warm to touch), call Dr. Cheema and your PCP immediately.
- **Damage to Deeper Structures:** (Of note, not applicable to the *Mei Zen System*) In certain systems, deeper structures such as blood vessels, nerves, and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.
- **Asymmetry:** All facial structures are naturally asymmetrical. Results may vary from side to side due to this natural asymmetry, previous injuries on one side of the body, or severity of symptoms from one side or the other.
- **Nerve Injury:** Injury to the motor or sensory nerve very rarely results from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feelings. Such injuries may improve over time. Injury to the sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent numbness. Painful nerve scarring is extremely rare.
- **Needle Shock:** Needle shock is a rare complication that can happen during any acupuncture treatment. If you feel faint or shaky during the treatment, please let me know immediately.
- **Allergic Reaction:** In rare cases, local or systemic allergies to topical preparations have been reported, which may necessitate further care or discontinuation of treatment.
- **Delayed Healing:** Delayed healing is rare, though may be more likely to occur if **smoking**, diabetic, or with chronic fatigue syndrome.

- **Unsatisfactory Results:** It is important to understand that you are not having a surgical procedure. Please discuss any questions with Dr. Cheema before treatment begins. Please review the alternatives, risks and comparisons of surgical procedures versus acupuncture.

### **Long Term Effects:**

Following your cosmetic acupuncture treatments, changes in facial appearance may occur as a result of the normal process of aging, weight loss or gain, sun exposure, stress, illness, or other circumstances, not related to acupuncture. It has been explained that following lifestyle and dietary instructions may enhance the longevity of the cosmetic acupuncture treatment while non-compliance will adversely affect the longevity of the cosmetic acupuncture treatment. Additional future treatments may be necessary to maintain the results.

### **Health Insurance**

As with most cosmetic procedures, most health insurance does not cover the cost of the procedure or complications resulting from the procedure. Please contact your insurance if you have any questions about coverage.

### **Expectations and Guarantee**

It has been explained that cosmetic acupuncture is not a surgical procedure. My questions regarding longevity of results and expected changes in my facial appearance have been answered. Although good results are expected, there is no guarantee or warranty either expressed or implied on the results that may be obtained.

### **Financial Responsibilities**

In addition to the fee for the cosmetic acupuncture treatments, herbal or skin care product recommendations may be made. The cost of herbs and/or skin care items is not included in the cosmetic acupuncture fee.

### **DISCLAIMER:**

Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment. They are not intended to define or serve as the standard of acupuncture. However, informed consent documents should not be considered all-inclusive in defining other methods of care and potential risks. Standards of acupuncture are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. I may provide you with additional or different information that is based on the facts in your particular case and present state of knowledge within the field of acupuncture.

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MR # \_\_\_\_\_

**CONSENT FOR COSMETIC ACUPUNCTURE TREATMENT**

I, \_\_\_\_\_, understand that there are several styles or methods of facial, cosmetic, or rejuvenation acupuncture and have been informed that Dr. Seetal Cheema practices Cosmetic Acupuncture.

I recognize that during the course of cosmetic acupuncture treatments, unforeseen conditions may necessitate different procedures than those listed above. I therefore authorize the above physician and acupuncturist to assistants to perform such other procedures required in his or her professional judgement and within his or her scope of practice. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is undertaken.

I hereby authorize Seetal Cheema, M.D. to perform Cosmetic Acupuncture with the *Mei Zen Cosmetic Acupuncture* protocol.

**My signature below indicates that:**

1. It has been explained to me in a way that I understand that:
  - a.) there are risks involved with the procedure
  - b.) I have alternatives available to me for cosmetic improvements.
  - c.) how the treatment or exposure involved with the protocol will be undertaken
2. Seetal Cheema, M.D. has addressed my questions and expectations
3. I acknowledge that no guarantee has been given to me by anyone as to the results that may be obtained.
4. If applicable, I authorize the release of medical information. In that same vein, I have received a copy of the HIPAA statement from Seetal Cheema, M.D.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner Signature

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[seetalcheema.com](http://seetalcheema.com)