



RESHAPED™

WEIGHT LOSS & WELLNESS

2008 E Hebron Pkwy, #114, Carrollton, TX 75007 • reshapedwellness.com • 469.431.0544

INBODY SCAN RELEASE OF LIABILITY

This document is my acknowledgement and consent to participate and proceed with the performance of a body composition scan through the Inbody 570 Body Composition Analyzer. I understand this test is to be used to determine my total body composition, which includes a percent and distribution of body fat and lean mass.

Individuals with roughly the **same scale weight and BMI can have wildly different body compositions — something that scale cannot reveal.**

With InBody 570, there’s no estimating through Direct Segmental Multi-frequency BIA, which in simpler terms, simply means that **each segment of your body (right arm, left arm, torso, right leg, left leg) are all measured separately at multiple frequencies.**

Body Fat Percentage is Important for :

1. Understanding the context of your weight
2. Deciding how to start improving your body composition
3. Reducing the risk of heart disease by understanding what harmful visceral fat is

This test will be administered by either Sharlene Selvaratnam, MD or a staff member at Reshaped Weight Loss and Wellness (hereinafter “Reshaped”). This does NOT mean that you are a patient of Reshaped or that Dr. Selvaratnam is your treating provider. No medical records will be kept as a result of this test – all results will be handed to you directly.

No medical advice is to be given during the performance or review of results of this test, and it is not intended for a patient/provider relationship to be established by a person taking this test.

Results of this body fat test are not considered medical advice. This is an educational test and the individual taking the test may or may not follow up with his or her treating provider but Dr. Selvaratnam or her staff will not be following up or advising the individual regarding their health after the test is administered and results are provided simply by participating in this scan.

I acknowledge I have no life-threatening heart condition, pregnancy, or known health issue that would create a risk for me to have this test performed. If so, I will notify Dr. Selvaratnam or Reshaped staff member and will not participate in this test.

If and when a negative result occurs, including a heart issue, falling off the machine, or any negative outcome, I will indemnify and hold harmless Dr. Selvaratnam and Reshaped resulting from any performance or outcome of this test.

Type or Print Name of Individual

Signature of Individual

Dated: _____