

# ULTRACAVITATION



Is a technological advance that has made it possible to use low-frequency ultrasound for localizing fat cells. Ultracavitation can give you a safe, low cost, high tech, non surgical option for your body shape goals. It is an alternative to liposuction.

The technique uses low frequency ultrasound. The ultracavitation waves are conducted through the skin, penetrating directly into the adipocytes fat cells and break it up into small pieces causing micro-bubbles which turn fat into a liquid substance. The liquid is then easily vacumed out from the body using the lymphatic and urinary system.

When you work out, you have to wait half an hour for the ultracavitation to be able to proceed, from when started for the first treatment. It requires **UNDER NO CIRCUMSTANCES SURGERY OR ANAESTHESIA.**

The interval between each is an average 72 hours .  
A total of 6 to 10 sessions on average are necessary in order to achieve the results depending on the areas treated and the patient.

**LIPO LASER** and **THERMAL SLEEPINING BAG** is a perfect complement to Ultracavitation treatments and aids cellulite, varicose veins and slimming. It is great for problems such as liquid retention, getting the perfect lymphatic drainage through which accumulated toxins and fat can be eliminated. A body suit is worn in which compressed air is pumped, causing the suit to expand in waves, from the toes upwards, through stimulating circulations and lymphatic drainage.

## BENIFITS:

- \* Non invasive treatment
- \* No need for hospitalization nor aneesthesia
- \* No scars nor long term marking of the skin
- \* Very little discomfort
  - \* Elimination of the fat through a natural process
- \* 30 min per session (20 min of effective ultracavitation)
- \* Affordable.
- \* Helps you achieve the perfect body

**IMPORTANT NOTE:**

You will NOT be able to start the treatment if any of the below apply:

- \* During menstruation ( apply only to abdomen)
- \* Skin infections and diseases
- \* Acutive fiver
- \* Thyroid disease and other hormonal disorders
- \* Any other chronic diseases
- \* Heart diseases or pacemarkers
- \* Autoimmune diseases, HIV or AIDS
- \* Severa high blood pressure or circualtion problems
- \* Cancer any form any time
- \* Asthma
- \* Pregnant or breastfeeding
- \* Infections diseases
- \* Liver or Kidney diseases
- \* Treatment with anti-inflammatories, anticoagulants, antibiotics.
- \* High or unbalanced disease

**PLEASE LET US KNOW IF YOU HAVE ANY MEDICAL**

**CONDITION.** My signature confirms that I understand to satisfaction this information.

\_\_\_\_\_

Name  
Signature \_\_\_\_\_

Date \_\_\_\_\_

