

Thank you for choosing Medi-Spa Services!

We look forward to helping you achieve all your Non-Invasive Cosmetic Enhancement goals!



Information and Forms Required for Virginia Surgical MedSpa

- Print these forms and bring them with you to your appointment.
- Bringing them fully completed is required as part the promotion and they are not available at the location.
- Bring your Groupon and wear comfortable clothing that will allow our Register Nurse to access the treatment areas.
- You may return to normal activity immediately following the treatment.

| | Laser Patients | Laser Hair Reduction Patients | VelaShape Patients | |
|-------|---|-------------------------------|--------------------|---|
| FORMS | VASMS Health History | ● | ● | ● |
| | Client Interests | ● | ● | ● |
| | Privacy Notice | ● | ● | ● |
| | Refund Policy | ● | ● | ● |
| | Treatment Records | ● | ● | ● |
| | What a Result Means | ● | ● | ● |
| | Laser Treatment Release | ● | | |
| | Skin Type Analysis | ● | | |
| | Hair Reduction | | ● | |
| | VelaShape Informed Consent | | | ● |
| INFO | General N.I.C.E. FAQs | ● | ● | ● |
| | Definitions of Small, Medium, and Large LHR Areas | | ● | |
| | VelaShape Q&A | | | ● |
| | How VelaShape Works | | | ● |



Virginia Surgical MedSpa, LLC

1313 Dolley Madison Blvd

Suite 203

McLean, Virginia 22101

Phone: 703-847-6660

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Social Security Number: _____

Age: _____ Date of Birth: _____ Gender: _____

Marital Status: _____ Spouse/Parent: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____

Family

Physician: _____

Address: _____

Phone: _____

Insurance Company

Name: _____

Policy Number: _____ I.D. Number: _____

Address: _____

Adjuster or Contact Person: _____ Phone: _____

How did you hear about us? _____

If you purchased a package through Living Social, Groupon, Amazon, TruBates, please let us know!

Our office requires payment at time of service, unless otherwise arranged. Cancellation/Reschedule fee is **\$50 or the missed appoint is counted as used**. By my signature below, I consent to the release of information as necessary for collection for services being billed.

Patient Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____

Confidential Health History

Are you currently under the care of a physician, therapist, or health practitioner? _____

Name: _____ Phone _____

Conditions being treated: _____

Name: _____ Phone _____

Conditions being treated: _____

Current Prescription Medications (include dose and frequency)

Over-the-counter Medications & Supplements: _____

What brings you to VASMS? _____

What challenges or symptoms you would like to address?

Circle current problems and write a "P" for problems in your past. Underline the most bothersome

| | | | |
|-----------------|---------------------|---------------------|----------------------|
| allergies | weakness | dizziness/blackouts | insomnia |
| headaches | hearing problems | vision problems | sinus |
| respiratory | anemia | neck/back pain | joint pain/arthritis |
| foot problems | heartburn | trouble swallowing | abdominal pain |
| constipation | diarrhea | hemorrhoids | menstrual problems |
| skin rash | recent hair loss | fatigue | reproductive system |
| cold hands/feet | swelling | muscle cramps | numbness/tingling |
| osteoporosis | bone injuries | diabetes | menopausal problems |
| weight problems | circulation | dental trouble | chest pain |
| palpitations | high blood pressure | low blood pressure | other _____ |

Surgical

History _____

Do you smoke?: Yes/No

Do you drink alcohol? : Yes/No How much? _____ How often? _____

Drug use: Yes/No _____ What? _____ How often? _____

How would you rate the following aspects of your life?

| | | | | |
|-------------------|-----------|------|------|------|
| Body : | Excellent | Good | Fair | Poor |
| Face: | Excellent | Good | Fair | Poor |
| Work: | Excellent | Good | Fair | Poor |
| Living Situation: | Excellent | Good | Fair | Poor |
| Spouse/Partner: | Excellent | Good | Fair | Poor |
| Family: | Excellent | Good | Fair | Poor |
| Recreation: | Excellent | Good | Fair | Poor |
| Stress Level: | Excellent | Good | Fair | Poor |
| Energy Level: | Excellent | Good | Fair | Poor |

Signature: _____ **Date:** _____

Parent Signature (if under 18): _____ Date: _____



Affiliates of Medi-Spa Services are independent healthcare facilities.

Client Info & Interests



Client Name: _____ Date _____

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

Home Phone: _____ Work Phone: _____ Cell: _____

E-Mail: _____ Can we use your e-mail to contact you? Yes / no (please circle) How did you hear about us? _____

Emergency Contact Person: _____ Relationship: _____ Phone: _____

Please indicate the services and areas of interest

Laser Hair Removal (ALL Colors!) with a 1 Year Appearance Plan!

| Area of Interest | Hair Color | Current Method of Hair Removal |
|------------------|------------|--------------------------------|
| | | |
| | | |
| | | |

Revolutionary Skin Treatments (Face, Neck, Chest, Hands)

| Skin Rejuvenation | Firmness & Elasticity | Texture |
|---|---|--|
| <input type="checkbox"/> Uneven Skin Color <input type="checkbox"/> Sun Damage <input type="checkbox"/> Age Spots <input type="checkbox"/> Freckles <input type="checkbox"/> Broken Capillaries, vascular lesions <input type="checkbox"/> Rosacea | <input type="checkbox"/> Wrinkles ____ deep ____ Fine <input type="checkbox"/> Lip Lines <input type="checkbox"/> Crows Feet <input type="checkbox"/> Nasolabial Lines <input type="checkbox"/> Skin Tightening <input type="checkbox"/> Loss of Firmness/Elasticity | <input type="checkbox"/> Leathery Texture <input type="checkbox"/> Acne & Acne Scarring <input type="checkbox"/> Large Pores <input type="checkbox"/> Blackheads <input type="checkbox"/> Dry/Rough Skin <input type="checkbox"/> Skin Tags |
| Area(s) of Interest | Area(s) of Interest | Area(s) of Interest |
| | | |

Cellulite Reduction / Body Contouring / Circumferential Reduction

| Area of Interest | Area of Interest | Area of Interest |
|--|---|--|
| <input type="checkbox"/> Thighs <input type="checkbox"/> Buttocks | <input type="checkbox"/> Abdomen <input type="checkbox"/> Hips | <input type="checkbox"/> Arms <input type="checkbox"/> Other: |

Other Services

| | | |
|---|---|---|
| <input type="checkbox"/> Sensible Weight Loss | <input type="checkbox"/> Laser Hair Restoration | <input type="checkbox"/> BOTOX® Cosmetic |
| <input type="checkbox"/> Localized fat | <input type="checkbox"/> Varicose Veins / Spider Veins | <input type="checkbox"/> Dermal Fillers (to restore volume) |
| <input type="checkbox"/> Stretch Marks | <input type="checkbox"/> Scars | <input type="checkbox"/> Lip Enhancement |
| <input type="checkbox"/> Teeth Whitening | <input type="checkbox"/> Total Face Make-Over | <input type="checkbox"/> Total Body Make-Over |
| <input type="checkbox"/> Botanical Enzyme Therapy | <input type="checkbox"/> Customized Image 4 Life Product Line | |



Notice of Privacy Practices: This Notice of Privacy Practices describes how we may use and disclose your medical records to carry out treatment, obtain payment or other health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your medical records. "Protected Health Information", hereafter referred to as "medical records," is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all medical records that we maintain at that time. Revisions, if any, will be posted on our website at www.medispa.com. You may also ask for one in person at our office during regular business hours. Privacy Contact, Medi-Spa Services, LLC Administrator by mail to our business address.

1. Uses and Disclosures of Medical records Based Upon Your Written Consent

You will be asked to sign a consent form. Once you have consented to use and disclosure of your medical records for treatment, payment and health care operations by signing the consent form we will use or disclose your medical records as described in Section 1. Your medical records may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your medical records may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose your medical records to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your medical records. For example, we would disclose your medical records, as necessary, to a home health agency or a hospital that provides care to you. We will also disclose medical records to other physicians who may be treating you when we have the necessary permission from you to disclose your medical records. For example, your medical records may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your medical records from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your medical records will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant medical records be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your medical records in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities by managed care insurers, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, we may disclose your medical records to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician or a staff member is ready to see you. We may use or disclose your medical records, as necessary, to contact you to remind you of your appointment.

We may share your medical records with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical records, we will have a written contract that contains terms that will protect the privacy of your medical records.

We may use or disclose your medical records, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may contact you to remind you of preventive health services we offer such as immunization.

We may contact you or leave a message for you at the telephone number(s) you have provided. For example, to confirm a scheduled appointment, to return your phone call, or to ask you to come to the office for a necessary medical visit.

2. Uses and Disclosures of Medical records Based upon Your Written Authorization

Other uses and disclosures of your medical records will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

We may use and disclose your medical records in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your medical records. If you are not present or able to agree or object to the use or disclosure of the medical records, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the medical records that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical records that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose medical records to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your medical records to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your medical records in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your medical records to treat you.

Communication Barriers: We may use and disclose your medical records if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

3. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your medical records in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your medical records to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your medical records for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your medical records, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your medical records, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose medical records to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your medical records to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your medical records if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your medical records to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose medical records in the course of any judicial or administrative proceeding, in



response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose medical records, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose medical records to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical records to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Medical records may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your medical records to researchers when their research has been approved by an institutional review board, that has reviewed the research proposal and established protocols to ensure the privacy of your medical records.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your medical records, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose medical records if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose medical records of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your medical records to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your medical records may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your medical records if you are an inmate of a correctional facility and your physician created or received your medical records in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

4. Your Rights

You have the right to inspect and copy your medical records. It is our policy to give you a copy of your medical

records at the time of each visit. It is also the policy of this office to ask you to provide those records to other health care professionals with whom you may choose to consult. You may inspect and obtain a copy of medical records about you that is contained in a designated record set for as long as we maintain the medical records. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. The records themselves are the property of the office although the information contained is yours. Therefore, if you wish to review the records, an employee must be present and you may not make any marks in the records.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and medical records that is subject to law that prohibits access to medical records. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your medical records. This means you may ask us not to use or disclose any part of your medical records for the purposes of treatment, payment or healthcare operations. You may also request that any part of your medical records not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your medical records, your medical records will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your medical records in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may file a signed request for a restriction by **writing to Medi-Spa Services, LLC 6217 Stoneham Road, Bethesda, MD 20817 Attn: Medi-Spa Services, LLC Administrator.**

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your medical records. This means you may request an amendment of medical records about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your medical records. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as

described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. You may obtain a PDF copy from our website www.cacereshealthgroup.com by clicking on the "PRIVACY" button. You may also visit our office during our regular business hours.

3. Records Retention

The **minimum** patient record retention period, in the District of Columbia, is three (3) years after the physician last sees the patient or three (3) years after a minor patient reaches 18 years of age.

4. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, **Medi-Spa Services, LLC Administrator by mail to our business address.**

This notice was published and becomes effective on **April 14, 2003, revised 2004, 2006, February 16, 2007**

REFUND POLICY

Refunds on prepaid package services are handled in the following manner:

Before you request a refund: You may transfer any remaining balance to another area of your body, before your pre-paid balance is up. We want to give you the highest quality care and the most effective results. Speak with your treatment advisor about your specific concerns. They are there to help.

1- Services canceled within 72 hours of first treatment but before next treatment, will be refunded in the following manner:

Package price minus the full price of a single service + 5% (of total package) handling fee.

Example*: \$3,900 **triniti** facial canceled within 72 hours will be refunded as:

| | |
|---|--------------------------|
| Full price of single triniti facial: | \$1,390.00 |
| Five percent (5%) service fee on package | <u>\$ 195.00</u> |
| Refund Amount | <u>\$2,315.00</u> |

- Refund will be credited to Credit Card Account if paid by Credit Card, By Check if paid by Check, only after transaction has been cleared and signed Cancellation Statement has been received. Check will be refunded by the establishment that you paid.
- Cash purchases will be refunded by check written by the establishment that you paid.

2- After any subsequent treatments:

Package price minus the full price of single service times the number of treatments+ 5% (of total transaction) handling fee. There is no refund for unused portions of treatment heads, numbing cream or other consumable items.

Example: \$3,900 **triniti** facial canceled after second treatment will be refunded as:

| | |
|---|--------------------------|
| Full price of single triniti facial: (1st) | \$1,390.00 |
| Full price of single triniti facial: (2nd) | \$1,390.00 |
| Five percent (5%) service fee on package | <u>\$ 195.00</u> |
| Total | <u>\$2,975.00</u> |
| Refund Amount | <u>\$ 925.00</u> |

* Illustration purposes only. Actual amount paid may vary.

Treatment Record

Clinic: _____

Date: _____

Patient: _____

Technician: _____

| Type | Date | Treatment # | Area | Skin Type | Optical Energy | RF | ISM% | # Passes | # Pulses |
|------|------|-------------|------|-----------|----------------|----|------|----------|----------|
| | | | | | | | | | |
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| | | | | | | | | | |

Technician Signature: _____

Date: _____

Technician Signature: _____

Date: _____

Technician Signature: _____

Date: _____

Technician Signature: _____

Date: _____

What a Result Means

A particular result that is not to your liking does not mean the procedure or treatment was done incorrectly or if you are please then it was done correctly. A result is simply a result and the way it turned out. These treatments are not like fixing a car fender. Human beings have a level of complexity that encompass, the health, healing abilities, emotional states and other factors both known and unknown by the patient and hopefully communicated to the treating person. The results depend upon many things beyond the technique used by the technician. This does not mean that we do not have a focus on results. We do We are totally focused on achieving the best results possible and continually work to augment our knowledge to produce the best results in a situation, But we are not control how everything turns out and how the results are accepted. We are professionals not craftsmen. We deal with people not things. If you are sincerely unhappy or believe the product has failed, we will seek replacement by the product vendor. We will ask you for a signed statement and we will present to the vendor with support documents. In the event they replace the product, we will have the appropriate health care professional redo the procedure. You will be charged only for the cost of the labor, which is generally 50% of the price paid.

Signed _____ Date: _____



Pre & Post Laser Treatment instructions

Client Name: _____

Date: _____

Notes: _____

- No waxing, tweezing, depilatories or coloring during the entire treatment period. Shave or clip as often as possible.
- Shave the treatment area the day of treatment unless otherwise instructed. If you cannot shave we will shave the area for an additional \$45 for small areas \$75 for large.
- No tanning of the treatment area for at least 3 weeks prior or once week post treatment.
- Do not use bleaching creams, skin lighteners, any exfoliation products 2 days before and 2-4 days after treatment. Wait until all redness has subsided.
- If you have elected to use topical anesthetic, apply it to skin in accordance with the product instructions 1 hour prior to your scheduled appointment. There is an additional charge for numbing cream. The topical Elamax can be purchased with out a prescription.
- Do not apply any creams, lotions, or deodorants on the area to be treated the day of treatment except for the face which is easy to wash.
- Use sunscreen SPF 16 or higher during the course of the treatments.
- You may experience a slight sunburn or razor burn feeling after a treatment. Though rare, a fine crust may develop in certain sensitive areas. In either instance, you may apply a cool compress.
- Washing is permitted with a mild soap and water. Never use hot water on freshly treated areas.
- The hairs that will die from your treatment will gradually work themselves out. Please do not pick, rub, or scratch. This process can take up to 3-4 weeks.
- In any instance that the skin should blister, you must call our office so that we can arrange for an evaluation.
- If you must cancel or reschedule your appointment, please contact our office at least 24 hours in advance otherwise an \$75 dollar cancellation fee may be applied, due to the high demand for treatment time.

If you have any questions, please contact us as soon as possible. We look forward to seeing you at your next appointment.

I have read and understand the above instructions. In order to obtain the best results, I must follow these instructions diligently.

Patient Signature _____ Date: _____:

Staff Signature : _____ Date: _____

INFORMED CONSENT - LASER TREATMENT

INSTRUCTIONS

This is an informed-consent document which has been prepared to help your Physician inform you concerning available laser therapies, their risks, and alternative treatments.

This consent covers laser therapy for treatment of:

_____ **Wrinkles** - The combination of laser light and radio frequency energies stimulate new collagen growth creating a smoother and softer appearance. Treatment can improve textural irregularities such as non-dynamic moderate wrinkles, enlarged pores, superficial acne scarring, rough skin texture, and skin laxity.

_____ **Superficial Benign Pigmented and Vascular lesions** - The combination of light and radio frequency energies improves brown spots (pigment imperfections) from sun damage and aging, red blotchiness from spider veins or rosacea (vascular imperfections), and uneven skin texture.

_____ **Acne Treatment lesions** - The combination of light and gentle radio frequency energies decreases the acne causing bacteria and reduce sebaceous gland activity. Reduces frequency and severity of acne lesions, and promotes healing of skin after acne breakouts,.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for this procedure as proposed by your physician and agreed upon by you.

GENERAL INFORMATION

Laser treatment may be performed as a singular procedure, in combination with other treatments such as injectable fillers, wrinkle reducers (Botox or Dysport), skin care regimens, or as an adjunct to a surgical procedure. These laser treatments may produce temporary swelling, redness and bruising which resolve in a very short time.

Continuing treatments are necessary in order to maintain the effect of the laser treatments over time. Once treated, effects may be seen in 1-3 weeks, then over 6-12 months "touch-up" treatments may be recommended.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the skin problems by any means. Improvement of skin wrinkles and imperfections (brown and red discoloration) may be accomplished by other treatments: chemical skin-peels, dermabrasion, or other skin procedures, tissue fillers, or surgery such as a blepharoplasty, face or brow lift when indicated. Improvement of acne may be accomplished with other topical treatments or oral medication. Risks and potential complications are also associated with alternative forms of medical or surgical treatment.

RISKS OF LASER TREATMENT

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following, you should discuss each of them with your Physician to make sure you understand risks, potential complications, limitations, and consequences of wrinkle reducing injections.

Problems associated with the use of lasers can relate to normal occurrences following laser treatment, or potential complications following laser treatments.

Bleeding and Bruising - It is possible, though unusual, to have a bleeding episode after laser treatment. Bruising in soft tissues may occur. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba and other "herbs / homeopathic remedies" may contribute to a greater risk of a

bleeding problem. Do not take any of these for seven days before

Swelling: Swelling (edema) is a normal occurrence following the laser treatment. It decreases after a few days. If swelling is slow to resolve, medical treatment may be necessary.

Discomfort & Pain: Discomfort associated with laser treatment is normal and usually of short duration.

Skin Sensitivity- Skin rash, erythema (redness), itching, tenderness and swelling may rarely occur following laser treatment.

Asymmetry,- The human body is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to laser treatment.

Damage to Natural Skin Texture- Crusting, blistering or burn to the skin may occur.

Unsatisfactory result- Laser treatment alone may not produce an outcome that meets your expectations for hair reduction. There is the possibility of a poor or inadequate response from laser treatment(s). Additional laser treatments may be necessary. Surgical procedures or other treatments may be recommended in addition to additional treatments.

Unknown risks- The long term effect of laser treatment on tissue is unknown. To date, there are no long term health hazards from laser or electric energies used in this laser system. Both optical and radio frequency have been used for decades in medicine, surgery, and aesthetics without adverse effects. The possibility of additional risk factors or complications attributable to the use of lasers may be discovered.

Combination of Procedures: In some situations, laser treatment may be used in addition to tissue filler materials (Restylane, Juvederm, Radiesse), wrinkle reducing agents (Botox or Dysport), or surgery in order to specifically treat areas of the face or to enhance the outcome from laser therapy.

Pregnancy and nursing mothers- Animal reproduction studies have not been performed to determine if wrinkle reducing agents could produce fetal harm. It is not recommended that pregnant women or nursing mothers receive wrinkle reducing treatments.

Drug Interactions- The *effect* of laser treatments may be potentiated by certain medications or supplements; Accutane in the last 6 months, tetracycline, St. Johns wort in the last 2 weeks.

Long-Term Effects: Laser treatment should not be considered as a permanent treatment for the correction of skin problems. Over time, the body overcomes the effect of the laser treatment and the skin problem can reappear. Continuing laser treatment may be necessary in order to maintain the effect of the therapy. Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to laser treatment. Future surgery or other treatments may be necessary. Laser treatments do not arrest the aging process or produce permanent tightening of the skin or improvement in wrinkles.

INDEMNIFICATION: Patient is diagnosed by the treating physician of the clinic or medical center where the treatment is performed. The physician and/or the physician's staff will outline the treatment protocol. Medi-Spa Services, LLC supplies the equipment and is NOT diagnosing the patient or prescribing a treatment. A Medi-Spa, LLC affiliate can apprise the physician or physician's staff about the technical characteristics of the laser and discuss attributes of the equipment or provide information to the physician or physician's staff, but Medi-Spa Services, LLC and all Medi-Spa Services, LLC's affiliates do not diagnose or prescribe medical procedures. If a Medi-Spa Services, LLC performs the service it is under the explicit direction of the physician or physician's staff. The patient hereby Indemnify Medi-Spa Services, LLC and all affiliates of any consequences arising from these procedure now and forever.

INFORMED CONSENT - LASER TREATMENT - CONTINUED

ADDITIONAL ADVISORIES

Mental Health Disorders and Elective Surgery: It is important that all patients seeking to undergo elective surgery/procedures have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Sun Exposure - Direct or Tanning Salon: The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Medications and Herbal Dietary Supplements: There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. These supplements may induce increased sensitivity to light of the laser.

Travel Plans: Any procedure holds the risk of complications that may delay healing and delay your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of the procedure can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

ADDITIONAL TREATMENT NECESSARY

There are many variable conditions in addition to risk and potential complications that may influence the long term result of laser treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with laser treatments. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical procedures and treatments or any complications that might occur from the same. Health insurance companies may not pay for laser treatments used to at medical conditions. Please carefully review your health insurance subscriber information pamphlet

FINANCIAL RESPONSIBILITIES

The cost of laser treatment may involve several charges. This includes the professional fee for the treatments and follow-up visits to monitor the effectiveness of the treatment. It is unlikely that laser treatments to at cosmetic problems would be covered by your health insurance. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the injections and will also be your responsibility. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

I understand and unconditionally and irrevocably accept this.

INFORMED CONSENT - LASER TREATMENT - CONTINUED

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your Physician may provide you with additional or different information which is based on all of the facts pertaining to your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR PROCEDURE or TREATMENT

1. I hereby authorize _____ and such assistants as may be selected to perform the following procedure or treatment:

LASER TREATMENT

I have received the following information sheet:

INFORMED CONSENT - LASER TREATMENT

2. I recognize that during the course of the procedure and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

INFORMED CONSENT - LASER TREATMENT - CONTINUED

- 7. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
- 8. I realize that not having the procedure is an option.
- 9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9)
I AM SATISFIED WITH THE EXPLANATION:**

Patient: _____ **Date:** _____

Witness: _____

Skin Type Assessment

Name: _____

Heritage: _____

Date: _____

Please circle the appropriate answers on this form so we can properly assess your skin type

Genetic Disposition

| Score | 0 | 1 | 2 | 3 | 4 |
|----------------------------------|-------------------|-----------|----------------------|-------------|-------------|
| What is the color of your eyes? | Light blue, Green | Gray | Blue | Dark Brown | Brown/Black |
| What is your natural hair color? | Sandy Red | Blonde | Chestnut/Dark Blonde | Dark Brown | Black |
| What is the color of your skin? | Reddish | Very Pale | Pale | Light Brown | Dark Brown |
| Do you have freckles? | Many | Several | Few | Incidental | None |

TOTAL: _____

Reaction to Sun Exposure

| Score | 0 | 1 | 2 | 3 | 4 |
|--|--------------------------|-----------------|----------------------|----------------|-------------------------|
| What happens when overexposed to the sun? | Redness/Blistering/Peels | Blister/Peeling | Burns Sometimes/Peel | Rarely Burns | Never Burns |
| To what degree does your skin turn brown? | Hardly/Not at all | Light Color Tan | Medium Tan | Tans Easily | Turn Dark Brown Quickly |
| Do you turn brown within several hours after sun exposure? | Never | Seldom | Sometimes | Often | Always |
| How does your face react to the sun? | Very Sensitive | Sensitive | Normal | Very Resistant | No Problem |

TOTAL: _____

Tanning Habits

| Score | 0 | 1 | 2 | 3 | 4 |
|--|--------------------|---------------|---------------|-------------------|-------------------|
| When was you last exposure to sun, lamps or cream? | More than 3 months | 2 to 3 months | 1 to 2 months | Less than 1 month | Less than 2 weeks |
| Was the treatment are exposed? | Never | Hardly Ever | Sometimes | Often | Always |

TOTAL: _____

Heritage

| | | |
|--|----|----|
| For each Parent of African American or East Indian descent add 10 points | 10 | 20 |
| If your heritage is Latin American, Asian-Pacific Islanders, Mediterranean, or native or indigenous to the Americas add 5 points | 5 | |

TOTAL: _____

Summary

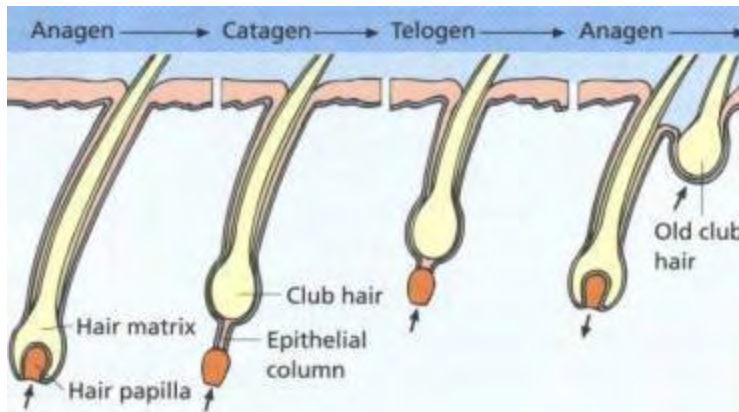
Total for Genetic Disposition Total
for Reaction to Sun Exposure Total
for Tanning Habits
Total for Heritage
Skin Type Score

| |
|--|
| |
| |
| |
| |
| |

| Skin Type Score | Skin Type |
|-----------------|-----------|
| 0 to 8 | I |
| 9 to 16 | II |
| 17 to 24 | III |
| 25 to 30 | IV |
| 31 to 34 | V |
| 35 and over | VI |



The goal of hair reduction



Hair Growth Cycles

Long-term hair removal has to affect hair in the active cycle of its growth, namely in Anagen. All long-term epilating methods target hair at this stage; and since the growth cycle differs between body areas, each body area requires re-treatment at different time intervals to achieve maximum results. The normal hair cycle is comprised of three stages: active growth – Anagen, transition – Catagen and resting – Telogen. Hair follicles go through these cycles in a non-synchronized manner. It is important that patients understand the hair growth cycle in order to have realistic expectations.

ANAGEN: Active growth stage

CATAGEN: Dormancy, bulb degraded

TELOGEN: Resting stage, no bulb

For example, over 65% of facial hair is in Anagen at any given time, while only 20% of the hair on the legs is in Anagen. This means that one cannot expect long term epilation in a single- or even double-treatment session. Moreover, the table shows that the duration of the resting period for hair follicles also depends on the body area. In a clinical setting, this means that the period between consecutive treatments should be determined by the body area being treated. The numbers in the table are statistical and, therefore, may vary between individuals depending on gender, age, ethnic origin, hormonal status, etc. The difference in follicle depth in the various body areas may also affect the treatment parameters and results.

It is important to note that the tables below are **AVERAGES**. There are variances between individuals and variances with each individual's body parts. For example: An individual's upper lip may be 40% Anagen hair opposed to the average of 35%, the growth cycle could be 4 weeks opposed to the average 6 weeks. A way to gauge is how often one waxes, if more frequently than the above charge there is an indication your cycles may be faster and treatment intervals can be scheduled closer together. Describe your hair removal methods as completely and as accurately as you can. Not many other laser technicians will ask you these questions or describe the process in as much detail as a Medi-Spa Services trained technician. We want to deliver the best results and therefore go the extra mile in training and data collection to arrive at the best results.



| Body Area | % Telegen | % Antagen | Telegen Duration Weeks | Follicle Density cm ² | Follicle Depth mm |
|--------------|-----------|-----------|------------------------|----------------------------------|-------------------|
| Scalp | 13 | 85 | 12-16 | 350 | 3-5 |
| Beard | 30 | 70 | 10 | 500 | 2-4 |
| Upper Lip | 35 | 65 | 6 | 500 | 1-2.5 |
| Trunk | | | | 70 | 2.-4.5 |
| Axellae | 70 | 30 | 12 | 70 | |
| Pubic Area | 70 | 320 | 18 | 80 | 3.5 -4.5 |
| Arms | 80 | 20 | 24 | 80 | |
| Legs& Thighs | 80 | 20 | 24 | 60 | 2.5 – 4.5 |
| Breast | 70 | 30 | | 65 | 3.0 -4.5 |

Hair reduction:

The goal is hair REDUCTION to a point where the Antagen hair is minimal. For example

| Body Area | % Telegen | % Antagen | Telegen Duration Weeks | Follicle Density cm ² |
|-----------|-----------|-----------|------------------------|----------------------------------|
| Upper Lip | 35 | 65 | 6 | 500 |

This means there are on average 500 hairs per square centimeter on the upper lip. Since hair can only be destroyed in the Antagen phase, 65% or 325 hairs per square centimeter are destroyed leaving, 175 hairs per square centimeter. In six week we treat a second time. This treatment 65% f the 175 hairs are destroyed 113, leaving 32 per square centimeter, treatment 3, 32 is reduced to 12 per square centimeter , fourth, 4 treatment 12 hairs per square centimeter is reduced to 5, fifth treatments is reduced to 2 per square centimeter.. This should be an acceptable level of reduction. A sixth treatment will still likely leave 1 per square centimeter. It is important to reemphasize that the above table indicates averages in hairs per cm², weeks between growth cycles, and follicle depth. Your laser technician will work with you to find the best treatment intervals.

Explained By: _____ Date: _____

Patient: _____ Date: _____



INFORMED CONSENT – VELA SHAPE™ TREATMENT

TO THE PATIENT:

Being full informed about your condition and treatment will help you make the decision whether or not to undergo the VelaShape™ treatments. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I hereby authorize _____ and Medi-Spa Services, LLC or any delegated associates to treat me with the VelaShape™ device. I understand that the VelaShape™ is a device used for improving the appearance of cellulite. It may also be therapeutic for improving circulation and muscle aches in the treated areas.

(Patient's Name)

I am aware of the following possible experiences/risks:

DISCOMFORT

This very seldom reported but there are reports of some patients experience mild discomfort during treatment.

REDNESS/SWELLING/BRUISING

I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

CLINICAL RESULTS

May vary depending on individual factors, including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

I understand that treatment by the VelaShape™ system involves a series of treatments and the fee structure has been fully explained to me.

I confirm the following is true:

- I confirm that I am not pregnant at this time, and that I have not taken Accutane within the last 6 months.
- I do not have a pacemaker or internal defibrillator. • I do not have a history of keloid scarring, systemic or local malignancies, and do not have poorly controlled diabetes. • I do not have history of lower extremity thrombus or blood clot formation, and am not photo allergic. I will inform the clinician of any changes to my medical history during the course of VelaShape™ treatment sessions. • I am 18 years of age or older.

The following points have been discussed with me:

- Potential benefits of the proposed procedure • Possible alternative procedures
- Probability of success • Reasonably anticipated consequences if the procedure is not performed
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period • Post-treatment instructions

Photographic documentation will be taken. I hereby **do**___ **do not**___ authorize the use of my photographs for teaching purposes.

_____ I consent and authorize a trained physician, registered nurse, physician assistant, nurse practitioner or aesthetician of Dr. Mareret Alexander, MD & Medi-Spa Services, LLC to perform VelaShape treatments.

Patient Consent

I certify that I have read and understand this treatment agreement and that all the blanks were filled prior to my signature.

Patient Signature

Print Name

Date

Physician or Clinician Certification

I certify that I have explained the nature, purpose, benefits, risks, complication and alternatives to the proposed procedure to the patient. I have answered all questions fully and I believe that the patient fully understands what I have explained.

Clinician Signature

Date



Q: How long do Botox® results last?

BOTOX® Cosmetic is not permanent. It lasts between 2 and 4 months, so treatments should be repeated between 3 and 6 times a year to maintain the best results.*

Q: What can patients expect from a Botox® treatment?

Within 14 days, patients see a marked relaxation and smoothing of the wrinkles. The improvement will continue to occur over several weeks. Patients will not lose facial expression. They will still be able to laugh, smile, or frown but without the wrinkles. Botox effects can vary over time. Sometimes the body develops an 'immune-type' response, where it is less effective. In this case you will need more Botox at additional cost.

Q: What is the cost?

BOTOX® Cosmetic is one of the least expensive yet most effective facial aesthetic procedures. Price will vary based on the number of areas being treated. Commonly \$17.50 per unit is charged.

Q: Do you use only U.S. Approved Botox?

We only use Botox approved and distributed in the US.

Q: Do you use only Botox?

No. We use Dysport as well. It is an approved medication as well.

Q: How does the Triniti skin series work?

The 3 treatment technologies of the triniti skin series – FotoFacial RF® Color Correction, Refirme™ Skin Tightening and Matrix IR™ Fractional for Wrinkles – feature combined Bi-Polar Radio Frequency and Light/Laser energies which precisely heat tissue within the targeted treatment area to stimulate improvement within the skin.

Q: How many office visits are required?

Triniti saves time compared to other treatment programs. Initial color correction, skin tightening and wrinkle reduction can all be achieved in a single office visit. Typically, 3 visits are required to complete the triniti program, compared to other treatment technologies that require to 5 or more visits.

Q: How long is the treatment duration?

Total triniti treatment time is 40 – 60 minutes. If the neck is also treated, allow an additional 15 –30 minutes. Typically three sessions spaced three to six weeks apart are performed. One touchup session may be needed every six months. These can be separated into one treatment per month for 12 months. Patients on the monthly payment plan love the frequent treatments and visiting the office.

Q: Does it hurt?

Considering it is a medical procedure, it isn't very painful, but it isn't like a facial. Most patients easily undergo the procedure. On a pain scale of 1-10, most patients report a 5. If necessary, a topical anesthetic cream and/or external cooling can be used to increase your comfort level. Almost all patients return to normal activities immediately after treatment.

Q: Is it safe?

Treatment is safe and effective for most skin types and colors.

Q: When can clients expect to see results?

Most people see a gradual and continual improvement over the course of their treatments. During the initial consultation, a medical practitioner will personalize patient treatment schedule for maximum results.

Q: How does ReFirme Skin Tightening work?

ReFirme™ features the revolutionary eLos™ combination of Bi-Polar Radio Frequency and Light energies to precisely heat the dermal tissue within the targeted treatment area. This stimulates collagen production, and produces a firming effect in lax skin. Fine wrinkles are reduced, noticeable lifting can be observed and the texture of the skin becomes smoother, more luminous and toned, without enduring downtime.

Q: Who is ReFirme right for?

ELOS technology enables ReFirme to be a safe and effective solution for all skin types. The safety of eLos is attributed to the precise heating of the dermal tissue in the targeted treatment area. This ensures a safe, effective and fast treatment with no downtime. Conventional laser and IPL skin tightening treatments are time and treatment intensive, and often too painful for many patients. In contrast, ReFirme uses significantly less energy, resulting in enhanced safety and a virtually painless procedure.

Q: Is it safe?

Yes. ReFirme is:

- FDA cleared for Skin Tightening via Wrinkle Treatment
- Non-surgical and non-invasive treatment resulting in no downtime - you can return to your daily activities immediately following treatment
- The precise heating of the targeted treatment area ensures a safe and effective treatment
- Effective on all skin types and all skin colors
- Uses no drugs and has minimal to no downtime

Q: How long does it take to see results?

Most patients see some immediate results. All report gradual and cumulative results throughout the ReFirme treatment regime. The total number of required treatment sessions depends on your skin's condition with 3-5 typical.

Q: Does the treatment hurt?

Most patients are comfortable during treatments without any skin numbing. Topical anesthetic or analgesia.

Q: Who should have the ReFirme treatment?

Anyone who wants a non-invasive solution to skin:

- Skin Laxity
- Wrinkled skin
- Sagging skin
- Textural irregularities

Q: How much does it cost?

The cost of ReFirme™ varies from person to person.

Treatment price is based on factors such as number of treatment areas and patient response to the treatment. We only use the best highly skilled certified operators and medial staff.

Q: How does Hair Removal with elos™ DS/DSL Applicator work?

The DSL uses laser and bi-polar radio frequency energies to damage the hair follicle. This disables the follicle from growing hair, which means that gradually over several treatments, there is a permanent reduction in the amount of hair in that area.

Q: What is the advantage of elos hair removal systems?

There is no exclusionary criteria based on skin type or hair color (the treatment approach for apigmented hairs is different than treating dark hair and the response rate may be less predictable). The DSL applicator has an added benefit of treating large zones very fast.

Q: How efficacious is the treatment?

In a study which included skin types II-V showed 35-42% clearance 3 months after a single treatment. Post treatment hair extrusion occurs around 2-3 weeks. Some hair shafts can be pulled out of the follicle immediately post-treatment without resistance, indicating disengagement from the follicle while the hair shaft is still intact (i.e. has not been singed by the laser heat)- the bipolar RF energy effect is clearly evident.

Q: Is the treatment safe?

Treatment is very safe for the skin. There are many advances in the technology that make elos one of the safest hair removal systems available for all skin colors. There are no long term health hazards from laser or electric energies used in elos. Both optical and radio frequency have been used for decades in medicine, surgery, and aesthetics without adversity.

Q: How is the treatment tolerated by the patient?

Everyone has different pain tolerances but most patients are treated without topical anesthetic creams. The chilled air device, SynerCool™ is very helpful for discomfort

during treatment and especially when fast, auto-repeat firing is used for large treatment zones.

Q: What results can one expect from the elos treatment?

Each DS/DSL treatment will result in less hair coming back, as well as hair growing progressively lighter in color, finer, and slower-growing with each treatment. It takes more than one treatment to affect all the follicles growing in an area. Most people achieve satisfactory clearance after 6-8 treatments, but individual results vary depending on medical and genetic factors. Lighter colored hair may require more treatments than darker colored hair.

Q: How frequently does one need elos hair removal treatments?

The treatments are usually performed every 2-3 months, but this depends on individual factors.

Q: What happens after each elos hair removal treatment?

Temporary pinkness in the skin lasts a very short time, and most people return to work or normal activities immediately after treatment. The treated area will “shed” some hairs over the next 2-4 weeks, and patients may experience a period of hairlessness in the area while you wait for your next treatment.

Q: Who should get elos treatment for Hair Removal?

Anyone who wants a permanent solution to shaving, waxing, plucking, or electrolysis. There are few medical conditions that contraindicate people from treatment.

Q: What is the average number of treatments for elos hair removal, dark hair?

The average number of treatments is 6-8 to achieve satisfactory clearance, but some patients may require more or less. Men’s backs and chests, facial hair and hormonal hair take more than the average number of sessions, usually 8 or more.

Q: How does Wrinkle Treatment with elos™ work?

The WRA combines safe and effective levels of laser and radiofrequency (electric current) energies to remodel the dermal layer of the skin by stimulating new collagen growth, creating a smoother and softer appearance. Both laser and radiofrequency have been used separately for decades in medicine and surgery, but the WRA exclusively combines light and radio-frequency energy for ideal treatment outcomes with a very low risk of side effects and virtually no downtime.

Q: What results can one expect from elos™ wrinkle treatment?

The WRA can improve textural irregularities in the skin due to loss of collagen in the dermis such as: non-dynamic moderate wrinkles, enlarged pores, superficial acne scarring, rough skin texture, and skin laxity of the face and neck. This is done non-ablatively, which means that this is a non-invasive procedure. Most people leave the treatment office with only slight pinkness or no pinkness at all, they can return to work immediately.

Q: How many treatments are required?

Most patients will have between 3-5 treatments.

Q: How frequently does one need treatments?

Treatment sessions are typically 3-4 weeks apart.

Q: How is eLos™ treatment tolerated by the patient?

The sensation may be described as a “hot pinch”, like someone snapping an elastic band on your skin. Patients tolerate treatment well by use of either cooling the skin during treatment and/or use of a topical anesthetic cream that numbs the skin.

Q: Is treatment with eLos™ safe?

Any medical laser procedure has risk of side effects such as superficial blistering, crusting, and pigmentary changes in the skin. These risks are rare and usually quickly resolved. eLos™ incorporates several technological advances that focus on patient safety to minimize these risks and provide greater satisfaction. The laser handpiece is also cooled for skin protection and comfort during the procedure.

Q: Who should be treated with eLos™ technology for wrinkles?

Anyone with unwanted moderate wrinkles, superficial acne scarring, enlarged pores, or rough skin texture from chronic sun-damage. Pigmentation from chronic sun-damage may also improve over the series of treatments. Dynamic wrinkles such as between the brows or deep folds near the mouth/nose are not realistic indications for WRA treatment.

Q: How does VelaShape™ work?

VelaShape™ uses combined energies known as eLos™ to precisely target and heat fatty tissues within the treatment area. In addition, the vacuum and tissue manipulation evens out the skin to reveal a smoother, tighter figure.

Q: On what body areas can clients be treated for Circumference Reduction?

With VelaShape™, clients can be treated on body areas such as the thighs and buttocks. The two applicators (VSmooth & VContour) on the VelaShape™ device are designed for large and small body areas; therefore, treatment is safe and effective.

Q: How quickly will clients notice a change?

Gradual improvement of the treated area can be seen following the first treatment - with the skin surface of the treated area feeling smoother, firmer and tighter. Results in Circumference and Cellulite Reduction will be most apparent 6-8 weeks following the final treatment session.

Q: How many inches can clients reduce from their circumference?

In clinical studies, patients report an average reduction of about 1 inch post treatment series. In clinical trials, the range of Circumferential Reduction was between 0.5-3 inches.

Q: How do clients improve and maintain the VelaShape™ results?

Following the complete treatment regimen, it is recommended to get maintenance treatments periodically. Like all non-surgical or surgical techniques, results will last longer if clients follow a balanced diet and exercise regularly.

Q: Is treatment safe?

FDA cleared the device as safe and effective for all skin types and colors. Short term effects can include mild bruising or redness.

Q: Who does this treatment suit?

The majority of the population is suitable for receiving the VelaShape™ treatment. Clients should consult with their physician prior to receiving treatments.

Q: What is the feeling during treatment?

Most patients claim that the treatment is pleasant, followed by a deep heating sensation beneath their skin.

Q: Does the treatment hurt?

Most patients find VelaShape™ treatments comfortable - like a warm deep tissue massage. The treatment is designed to accommodate your sensitivity and comfort level. It is normal to experience a warm sensation for a few hours post treatment. Your skin may also appear redder than usual for several hours.

Q: How will clients feel after treatment?

Post treatment skin on treated area could feel tighter. It is normal to have an inner heated sensation for up to a few hours post treatment. In some cases, mild redness can be observed.

Q: What are the VelaShape™ advantages compared to other methods?

Our advantage is our technology. Today, there are no other methods available that include a combination of Bi-Polar RF, Infrared Light, Vacuum and Mechanical Massage like VelaShape™, and no other method can guarantee the clinically proven results, efficacy and safety in 4 treatments as the VelaShape™. **VelaShape™ is the only non-surgical medical device cleared by the FDA for circumferential reduction.**

Q: How does Sublative Rejuvenation work?

The eMatrix system's ergonomic applicator delivers bipolar radio frequency energy via a matrix of 64 electrodes in the disposable applicator tip. The RF energy generates fractional deep dermal heating in the region of the electrode matrix to induce skin injury, thus eliciting a wound healing response. Mild to moderate wrinkles and superficial skin discoloration are reduced, and skin texture becomes more smooth and elastic.

Q: Who should be treated with Sublative Rejuvenation?

Treatment is a safe and effective solution for *all* skin types.

Q: When can patients expect to see results?

Post treatment, they may notice tone and texture improvements as a result of increased levels of beneficial collagen and new healthy skin cells which are produced. With the treatment's dermal impact, mild to moderate wrinkles and superficial skin discolorations are reduced. Typical treatment protocol is 3 treatments, 4 - 6 weeks apart. The total number of required treatment sessions depends on the skin condition of the patient.

Q: How is the Sublative Rejuvenation treatment tolerated by patients?

During treatment, many patients feel a warm, prickly sensation as energy enters their skin. After treatment a pink or red "sunburn" appearance and feeling is also common. Topical anesthetic

ointments and cooling are often used to reduce discomfort during treatment.

Q: What are the three treatment programs?

The SelectPulse™ feature has three Sublative Rejuvenation programs for adjusting the depth and intensity of ablation and dermal heating to treat a range of skin conditions. Program A (shallow impact) is for mild ablation, dermal heating and skin resurfacing--for improvements in overall skin tone and texture. Program B (mid-level impact) is for moderate ablation, dermal heating and skin resurfacing--for color and textural irregularity correction. Program C (deepest impact) is to create intense ablation and skin resurfacing.

Q: How does skin rejuvenation with elos™ SR/SRA Applicator technology work?

The SR/SRA uses focused light and bi-polar radio frequency energies to restore skin to a more youthful state. Brown spots (pigmented imperfections) from sun damage and aging, red blotchiness from spider vessels or rosacea (vascular imperfections), and uneven skin texture will improve over a treatment series.

Q: What results can one expect from the SR/SRA Applicator treatment?

Each SR/SRA treatment will result in gradual lightening and improvement of pigmented and vascular imperfections. Textural improvements are appreciated towards the end of the treatment series.

Q: How frequently does one need SR/SRA Applicator treatments?

Treatments are repeated every month for a total of 5 treatments.

Q: What happens after each SR/SRA Applicator treatment?

Temporary pinkness in the skin lasts a very short time, and most people return to work or normal activities immediately after treatment. The improvement in pigmented and vascular irregularities can often be appreciated by the time patients return for their next treatment a month later. Brown spots temporarily go darker before they lighten.

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Q: What is the average number of treatments for the SR/SRA?

Photodamaged skin, erythema from Rosacea, Telangiectasias and pigmented lesions typically require 4- 5 treatment sessions. Some resistant vascular and pigmented lesions may require more than 5 sessions to achieve fading or improvement. Fine lines, pore size and superficial depressed

scarring may also show noticeable softening after 4- 5 treatment sessions.

Q: Is treatment with the SR/SRA Applicator safe?

Treatment is very safe for the skin. There are many advances in the SR/SRA technology that make it unparalleled for skin safety, without compromising effectiveness for treatment. There are no long term health hazards from light or electric energies used in the SR/SRA. Both have been used for decades in medicine, surgery, and aesthetics without adversity.

Q: How is the SR/SRA Applicator treatment tolerated by the patient?

The sensation is often described as “hot pinch” feeling. The sensation only lasts for fraction of a second, and you may feel warmth or tingling sensation for a short time afterward. Most people tolerate treatment without topical anesthetic, but individuals who are more sensitive may prefer to have the skin numbed before treatment.

Q: Who should get SR/SRA Applicator treatment for Skin Rejuvenation?

Anyone who wants to improve the signs of sun damage and aging in the skin, such as pigmented and vascular irregularities, uneven or rough skin texture. Skin rejuvenation can be done on face, neck, chest, hands, and arms.

For \$235, you get five treatments for a small area (up to a \$715 value), including:

Lip (a \$400 total value) from one corners of the mouth to the other

Chin (a \$600 total value) two inch inch circumference from center point of chin

Areolae (a \$400 total value) self description

Eyebrows (a \$715 total value) total brow

Ears (a \$400 total value) along the Helix, lobule and Tragus

Sideburns (a \$715 total value) up to 3.5 inches from the hairline

For \$365, you get five treatments for a medium area (up to a \$1,100 value), including:

Standard bikini line (a \$1,000 total value)

the front area surrounding a standard bikini up to 15 liner inches 1 inch deep

Underarms (an \$800 total value) up to 6 liner inches long and 3 inches wide

Shoulders (a \$1,100 total value) the lateral deltoid image 2

Back of neck (a \$997 total value)

For \$535, you get five treatments for a large area (up to a \$2,000 value), including:

Front of neck (up to a \$1,250 total value)

Lower legs (a \$1,900 total value) Lower leg from 3" below center of knee cap to two inches above ankle

Chest (a \$2,000 total value) Pectoralis Major

Brazilian bikini (a \$1,400 total value) Bikini Full Hair Removal from pubic bone, labia, to anus

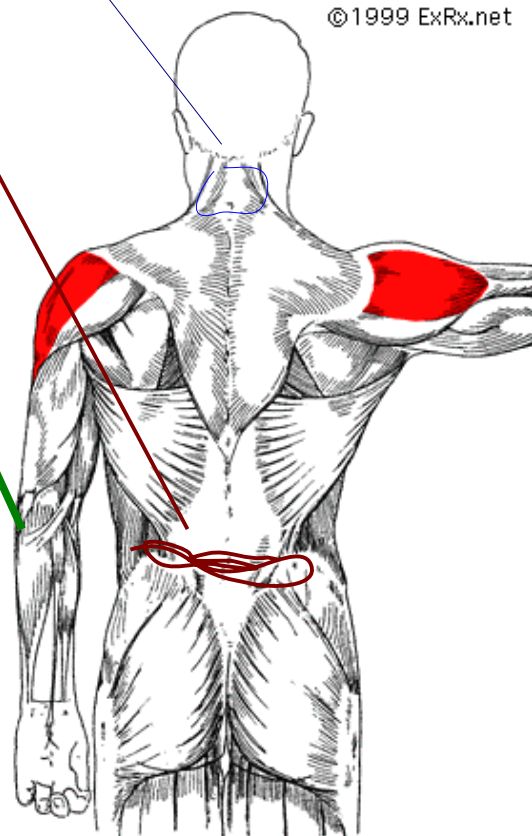
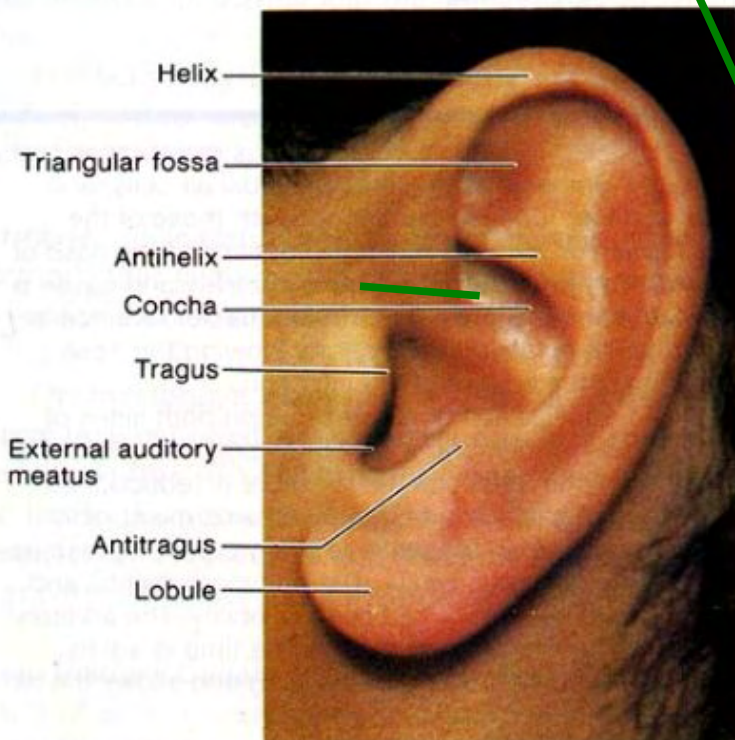
Abdomen (a \$2,000 total value) From navel to ribs

Buttocks line (up to a \$1,400 total value) from the top of the buttock to up to 15 liner inches 1 inch deep

Inner thighs (up to a \$1,900 total value) from 2 inches below crotch to three inches above knee center, four inches wide

Lower arms front (a \$1,250 total value) from the wrist to two inches below elbow, a swatch 4 inches wide

The surface anatomy of the auricle of the ear



How does VelaShape™ work? VelaShape™ uses combined energies known as **eIōs™** to precisely target and heat fatty tissues within the treatment area. In addition, the vacuum and tissue manipulation evens out the skin to reveal a smoother figure.

On what body areas can I be treated for Circumference Reduction? With VelaShape™, you can be treated on body areas such as the thighs and buttocks. The two applicators (VSmooth & VContour) on the VelaShape™ device are designed for large and small body areas; therefore, treatment is safe and effective.

How quickly will I notice a change? Gradual improvement of the treated area can be seen following the first treatment - with the skin surface of the treated area feeling smoother. Results in Circumference and Cellulite Reduction will be most apparent 6-8 weeks following the final treatment session.

How many inches can I reduce from my circumference? In clinical studies, patients report an average reduction of about 1 inch post treatment series. In clinical trials, the range of Circumferential Reduction was between 0.5-3 inches.

How do I improve and maintain the VelaShape™ results? Following your complete treatment regimen, it is recommended to get maintenance treatments periodically. Like all non-surgical or surgical techniques, results will last longer if you follow a balanced diet and exercise regularly.

Is treatment safe? FDA cleared the device as safe and effective for all skin types and colors. Short term effects can include mild bruising or redness.

Does this treatment suit me? The majority of the population is suitable for receiving the VelaShape™ treatment. You should consult with your physician prior to receiving treatments. For treatment contra-indications, please refer to your local Syneron representative.

What is the feeling during treatment? Most patients claim that the treatment is pleasant, followed by a deep heating sensation beneath their skin.

Does the treatment hurt? Most patients find VelaShape™ treatments comfortable - like a warm deep tissue massage. The treatment is designed to accommodate your sensitivity and comfort level. It is normal to experience a warm sensation for a few hours post treatment. Your skin may also appear redder than usual for several hours.

How will I feel after treatment? It is normal to have an inner heated sensation for up to a few hours post treatment. In some cases, mild redness can be observed.

What are the VelaShape™ advantages compared to other methods? Our advantage is our technology. Today, there are no other methods available that include a combination of Bi-Polar RF, Infrared Light, Vacuum and Mechanical Massage like VelaShape™, and no other method can guarantee the clinically proven results, efficacy and safety in 4 treatments as the VelaShape™. **VelaShape™ is the only non-surgical medical device cleared by the FDA for circumferential reduction.**

How VelaShape works

VelaShape features the revolutionary elōs combination of Bi-Polar radiofrequency (RF), infrared light energies, plus negative pressure and tissue manipulation.

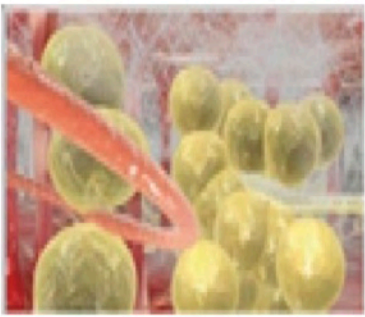

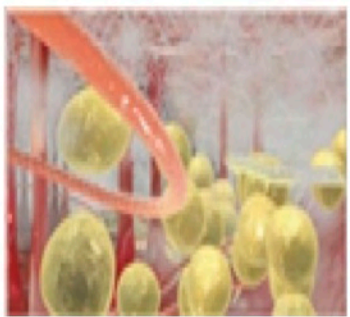
The synergistic combination of infrared and conducted RF energies increase the oxygen intracellular diffusion by heating the skin.

Vacuum and specially designed rollers manipulate and smooth out the skin to facilitate safe and efficient energy delivery.

The net result increases the metabolism of stored energy (lipolysis), increases lymphatic drainage and reduces or shrinks the size of the actual fat chamber.

The bottom line: A reduction in the circumference of the treated area and a smoother appearance of the skin's surface.

In a multi-center study, 85% of the treated areas have reported circumferences reduction of thighs of at least 1cm; ranging up to 7.2cm in reduction.

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| Before VelaShape Treatment | During VelaShape Treatment. Infrared light heats the tissue up to 5 mm. RF heats the tissue from 5 to 15 mm in depth. | After VelaShape Treatment. Reduction in size of fat cells and fat chambers (due to increased lymphatic drainage). |

elōs Increased Safety & Satisfaction

Safe and effective industry-leading medical aesthetic technology

Significantly less optical energy required compared to conventional lasers and IPLs

Minimal to no downtime

Most people experience no side effects, though a few may exhibit some short-term localized reddening

elōs advantages translate to enhanced patient comfort, convenience, & satisfaction

