

COSMETIC PLASTIC SURGERY INSTITUTE
JOSEPH BERG M.D.
498 E 800 N
OREM, UT 84097

I understand that the Lumenis One is a diode laser used for hair removal and that clinical results may vary in different skin types. I understand that there is a possibility of rare side effects such as scarring and permanent discoloration as well as short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin. These effects have all been fully explained to me _____ (please initial).

Based on clinical experience and discussion with other physicians it has been found that those people who tend to sunburn rather than tan usually obtain good results on the first and subsequent visits. On the other hand, those who tan more easily tend to have more variation in their results. Some patients in this category will experience partial results and some will experience no improvement at all _____ (please initial).

I understand that the treatment by the Lumenis One system involves a series of treatments and the fee structure has been fully explained to me _____ (please initial).

I also understand that there are other options for hair removal treatment that are available and each of these options have been fully explained to me _____ (please initial).

With this in mind, I am choosing to try Lumenis One non-invasive treatment for hair removal _____ (please initial).

I have received a copy of Luminus 1

PHOTOGRAPHS: I do _____ do not _____ give permission for photographs and other audio-visual and graphic material to be used by the physician or LUMENIS for marketing, education-promotion purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Signature

Date

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement.

Patients Name (please print):

Signature

Date

Witness Signature

Date

10/31/05 kj



If you are 15 minutes or more late to an appointment, you will need to reschedule for another time, this is to ensure all of our clients can be seen in a timely manner. All clients should call 24 hours before their appointment if they need to cancel. If you are unable or forget to call 24 hours in advance you will forfeit one treatment of your package, your booking fee or part of your gift certificate. Thank you for your awareness of our policy. We appreciate your visit and hope you enjoy your time at our Day Spa.

I, _____ (please print) have read and agree to the above policy.

Signature

Date

PRIVACY PRACTICES ACKNOWLEDGEMENT

Cosmetic Plastic Surgery Institute and Day Spa

498 E 800 N – Stratford Park – Orem, Utah 84097

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ Birthdate _____

Signature _____ Date _____

I wish Dr. Berg or his staff to share information with: _____.

Relationship: _____.

I give my permission to confirm appointments by:

Message on answering machine YES NO

Message with family member YES NO

Message with anyone answering YES NO

Name of Patient (Print) _____ **DOB** _____

Signature of Patient _____ **Date** _____

LUMENIS ONE

Hair Removal Systems

498 E. 800 N. Stratford Park • Orem, UT 84097 • (801) 762-0051

Patient name: _____

Date: _____

Please read through and initial each point. If you have questions, please return to the front desk for assistance.

- _____ Upon request, a test patch will be done to test epidermal reaction. If you have a test patch, you can return after 24 hours for your first treatment.
- _____ The laser is selectively absorbed by the pigment in the hair follicle. Therefore, light or blonde hair may receive no benefit from this procedure.
- _____ Avoid sun exposure between treatment periods. Tanning increases the concentration of melanin in the skin which competes with the melanin in the hair follicle for absorption of laser energy.
- _____ Hair grows in three cycles. When hair is in the anagen stage / active stage an abundance of melanin is produced and the follicle is susceptible to laser treatment. Because all hair is not active, it will be necessary to have more than one treatment to reach maximum results.
- _____ Laser hair removal doesn't produce immediate results. Treated hair will appear to grow for approximately one to three weeks before falling out.
- _____ Hair unaffected by the laser should regrow in about 4-8 weeks. If you have purchased a package, return at this time for your second treatment.
- _____ Although side effects are rare, the following may occur: Hyper pigmentation, redness, scarring and/or hypo pigmentation.
- _____ Immediately following your treatment you may experience slight redness. You may experience some irritation similar to sunburn. This is usually self-limiting and subsides within a few minutes up to a couple of days.
- _____ No hair removal system can guarantee 100% permanent hair removal, however the FDA has approved this procedure as a permanent reduction of the hair in the active/anagen growth phase. No personal guarantees can be made.
- _____ Hair removal can sometimes mask serious conditions for which excessive hair growth is a symptom. Visit your primary care physician and have your hormone levels checked if this is a condition you have not already discussed with your doctor. Only a small percentage of patients have a medical condition that precipitates excessive or unwanted hair growth.

Please write additional questions below and our certified laser technician will assist you.

Laser Hair Removal Consent

The Lumenis One Laser is a device that produces an intense, gentle burst of light that fragments causing selective destruction of the hair follicle. For my protection from the intense light, I understand I will be required to wear opaque material or laser protective glasses.

I have read the above information and under the risks including: scarring, blistering, redness, swelling, hyper pigmentation and hypo pigmentation. I understand a physician is available should I request to speak with one during my consultation, office visit, or hair removal sessions.

For best results, I understand multiple treatments will be necessary.

I understand, anesthesia is not usually necessary however, is available upon request. Additional fees will apply when anesthesia is used.

If necessary, antibiotic or steroid ointment, aloe vera gel, or sunscreen may be used to soothe and protect the skin. Improper care of the treated area may increase the possibility of scarring or skin textural changes.

I have received postoperative instructions. I have read all the provided information and understand this consent will cover all hair removal sessions from this date forward. I have read the above consent and understand each comment. All questions have been addressed and I accept the possibility of the risks and wish to proceed with laser hair removal.

Patient Signature: _____

Date: _____

Parent/Guardian Signature: _____

Lumenis One

Hair Removal Systems

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Post Treatment Care

1. Care should be taken to prevent trauma to the treated area for the first four to five days following treatment. Shaving should be avoided post treatment for a period of three days to allow treatment area to heal. Hair in follicle will continue to expel until the hair falls out of the treated area, which usually takes 3-4 weeks.
2. Sun block (not sunscreen) should be used. ***Avoid sun exposure between treatment periods.*** Sun tanning increases the concentration of melanin, which competes with the melanin in the hair follicle for the absorption of the energy from the laser. **This increases the risk of burning during your treatment.**
3. If the skin is broken or a blister appears, apply an antibiotic ointment and notify the office.
4. Cold packs or aloe vera may be applied to ease temporary discomfort.
5. Steroid or hydrocortisone ointment (i.e. cortisone 10) may be applied in the case of prolonged redness or continued irritation.
6. Makeup can be applied as long as the skin is not broken, makeup will serve as an additional sun block.
7. Any questions or concerns, please do not hesitate to call. Physicians and nurses are available to answer questions.

For Your Next Treatment

1. Patients who have had a test patch for epidermal reaction can return in 72 hours for a treatment.
2. Patients should return when there is evidence of new hair growth. Remember, immediately following the treatment your hair will begin the expulsion process. The hair appears as though it is growing. This is not new hair growth. New growth should occur approximately 4-8 weeks after treatment.
3. If you have experienced an adverse effect, do not retreat until effect has completely resolved.
4. Appointments fill up quick. Please call one week before your desired date to insure you receive the time and day that is most convenient.

Lumenis One

Hair Removal Systems PATIENT HISTORY INFORMATION

PATIENT INTRODUCTION

DATE: _____

Patient Name						
Address			City	State	Zip	
Sex	Age	Birth Date	Status: Married Widowed	Single Divorced	Separated	Home Phone
Social Security #		Employed by			Business Phone	
Referred by: Newspaper Mailer Friend		Phone Book Other _____	Nearest Relative or Friend not living with you		E-mail Address	
Name of Spouse			Spouses Occupation & Employer			

RESPONSIBLE PARTY (If patient is under 18 years of age)

Name		Relationship to Patient: Spouse Parent Legal Guardian Other		Home Phone
Home Address		City	State	Zip
Social Security #	Birth Date	Employed by		Business Phone

HISTORY INFORMATION

Skin Type: I-II (Caucasian) III (Darker Caucasian, Light Asian) IV (Asian) V (Darker Hispanic, Indian, Black)		When exposed to one hour of sun without protection, do you: Always burn, never tan Almost always burn, sometimes tan Sometimes burn, sometimes tan Always tan	
When were you last exposed to sun (including tanning booth)? _____		Hair Type: Coarse Fine Other: _____	Hair Color: Blonde Red Black Brown Other: _____
Allergies:			
Medications:			
Are you Pregnant? Yes No If "yes" do you have permission from your OB/Gyn for Laser Hair Removal? Yes No			
Do you have any disease that would prohibit or interfere with hair removal (like diabetes, bleeding disorder, viral herpes): Yes No Explain: _____			

COMMENTS

Additional Comments:

AUTHORIZATIONS

I hereby agree to pay for all treatments, in full, the day of my first treatment. I understand that a \$20.00 service charge will be added to any checks returned for non-sufficient funds. I agree to pay all collections costs, attorney fees, court costs, filing fees, including charges or commissions up to fifty percent (50%) of the billed amount that may be assessed to SOFTSKIN by any collection agency retained to pursue an unpaid balance. I further agree to pay interest at a rate of one and one-half percent (1-1/2%) per month (18% per year).	
I understand all of the above and hereby state all information is correct. My signature is an indication that I have read, understand and agree to all of the above, grant requests of authorizations, and will honor all billing and collection policies.	
Signature _____	Date _____
Signature of Parent/Legal Guardian _____	Date _____

(If patient is under 18 years of age)