COSMESIS MEDICAL SPA

DO's and DON'Ts

BEFORE YOU COME, PLEASE READ!!

We are delighted to have you as a client. Thank you very much for choosing us. Following this letter, you will find a few items that need to be read and signed by you.

Before your appointment:

- Do not wax or pluck the area (**6 WEEKS** before). This may hinder maximum results!
- Stop any anti-aging or rosacea topical 72 hours before treatment. (includes medicines that make you sensitive to the sun)
- Shave area night before your treatment
- Clean and dry skin for the treatment area. (No moisturizers or make up)
- Complete this history and consent forms
- Plan on arriving 10 minutes early for your first appointment and on-time for your other sessions.
- Make sure you bring your completed paperwork.

Cancellation Policy:
We require a 24 hour cancellation notice or will charge $50 fee.

Our address is:

3168 Braverton Street, Suite 340
Edgewater, Maryland 21037
(410) 956-7777

We are conveniently located right off of Route 2 at Mitchell's Chance Road in Edgewater. We are on the same side as Rite Aid and the Friendly's Restaurant. We are located on the four-story building behind the Rite Aid.

If you have any questions, please feel free to call our office.

We look forward to see you!

MD Dermatology of Maryland Staff

COSMESIS MEDICAL SPA

LASER HAIR TREATMENT HEALTH HISTORY

Name _____DOB: _____

Email Address: _____

1. Are you allergic to any medication? YES or NO

If yes, please list:_____

2. List ALL medication and vitamins that you are currently taking:

a) _____ d) _____
b) _____ e) _____
c) _____ f) _____

3. Are there any topical products (both medical and non-medical) that you use on your skin on a regular or daily basis?

Please list: _____

4. Do you have NOW or have EVER had a disease or condition of (Please Circle):

Active Infection
High Blood Pressure
Diabetes
Thyroid
Hormonal or endocrine disorders
Convulsive, Epilepsy or Seizures
History of bleeding
Porphyria
Artificial tanning (past 3-4 weeks)
Pacemaker
History of Herpes
Immunosuppressive disease AIDS/HIV
History of Keloid / hypertrophic scarring
Irregular heartbeat
Systemic Lupus Erthematosus

5. Please circle any medication that you are currently taking or have taken in the past 2 weeks:

Doxycycline
Miniocycline
Accutane/Isotretinoin
St. John's Wort
Aspirin
Plavix
Coumadin

6. Do you smoke? YES or NO If yes, how much: _____

7. Are you currently pregnant? YES or NO

Laser treatment is contraindicated in pregnant clients. If you are nursing, please discuss laser hair reduction with your healthcare provider.

I agree the above information if accurate and honest to the best of my knowledge.

_____

Client Signature: Date

COSMESIS MEDICAL SPA

Consent for Treatment Hair Reduction/Modification with Cynosure Vectus Laser

I, _____, authorize and consent to the treatment of hair reduction/modification with the Cynosure Vectus Laser. I understand that the procedure is elective, that the results may vary with each individual, and multiple treatments may be necessary.

The Vectus Laser is a laser system that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example, melanin in hair or pigment in a lesion, causing a thermal reaction. All personnel in the treatment room, including the provider, must wear protective eyewear to prevent eye damage from this light. Initial: _____

Treatment needs to be repeated in 4-10 week intervals depending on the area to be treated. Deviating from the advised timeframe may hinder maximum results. Initial: _____

The treated area may be red and swollen for 2-24 hours or longer. Cooling the area after treatment may help reduce discomfort and swelling Initial: _____

Pigment changes (including burning/ blistering) are hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin) lasting 1-6 months or longer or permanently may occur. Freckles may temporarily or permanently lighten or disappear in treated areas. Initial: _____

I confirm that I am not pregnant and I'm not taking photosensitizing medications. I have no history of keloid scarring. Initial: _____

I understand the purpose of this procedure is the permanent reduction of unwanted body hair. I understand that there is no guarantee that the expected or anticipated results will be achieved. I also understand that maintenance treatments will be required as results vary for each patient

Initial: _____

Missed appointments or cancellations without 24 hours notice will be charged a $50 fee.

Initial: _____

Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-treatment instructions provided to me may increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock after treatment. Initial: _____

I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment. Initial: _____

I hereby indemnify and hold harmless the treating provider and the staff at the office of Sanjiv K. Saini, MD, LLC from any and all liability, damages, costs and expenses arising from or out of the use of the Cynosure Vectus Laser for treatment of hair reduction/modification. I have read and understand all information presented to me and I authorize treatment today and for future treatments

Printed Name	Signature	Date

Legal Guardian /Witness	Signature	Date