

CONSENT TO PERFORM Q-YAG TATTOO REMOVAL

PATIENT: _____

DATE: _____

PURPOSE

To reduce and / or remove Tattoos and Pigmented Lesions.

PROCEDURE

The Palomar Q-Yag 5 system is a high-powered laser that emits laser light which passes harmlessly through the outer layer of skin. As the light is absorbed it quickly converts to heat. The rise in temperature within the target fractures the tattoo ink or pigment into tiny particles. These ink fragments are carried away by the lymphatic system while pigmented lesions are naturally shed from the skin.

RISKS/DISCOMFORT

Discomfort – May feel slight rubber band snap sensation.

Wound Healing – Swelling, redness, and blistering may occur.

Pigment Changes – Immediately after treatment the area may appear to have a whitish color and will subside in approximately 30 minutes.

QUESTIONS

A member of the Center for Dermatology & Skin Cancer staff has explained the nature of the procedure and its alternative treatments, and the benefits to be reasonably expected compared with alternative approaches and your questions were answered. If you have any other questions about this procedure, you may call us at (630) 964-2000. This document is written confirmation of this discussion.

CONSENT

You have read this form and understand it. You request the performance of the procedure(s) described above. You have been given a copy of this consent form. Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to perform the Palomar Lux 1064.

The nature and purpose of this procedure, with possible complications, have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I agree to have photographs taken for documentation as well as teaching and research purposes, as well as for possible use in publications.

I have read the consent and certify that I understand its contents in full. I have had enough time to consider the information and feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with Center for Dermatology & Skin Cancer staff.

Patient Signature

Date

Center for Dermatology & Skin Cancer

Date

COSMETIC PROCEDURE AGREEMENT

As of 2/1/10

(this form also in patient handout book)

NAME: _____

DATE: _____

| | PROCEDURE | SITE | PRICE |
|--|---|-------------------------------------|---------------------|
| | 1064 (VASCULAR LASER VEINS-STARLUX) | PER 30 MINUTE SESSION | \$350 |
| | 1540 (HAND PIECE LIKE FRAXEL-STARLUX) | Eyes | \$150 |
| | 1540 (HAND PIECE LIKE FRAXEL-STARLUX) | FACE | \$350 |
| | 1540 (HAND PIECE LIKE FRAXEL-STARLUX) | NECK | \$250 |
| | 1540 (HAND PIECE LIKE FRAXEL-STARLUX) | BODY | \$500 |
| | ACNE EXTRACTIONS | FACE | \$50 |
| | ACNE EXTRACTIONS | BACK | \$100 |
| | BIOPSY & PATHOLOGY | PER LESION | \$150 |
| | BOTOX OR DYSPORT | GLABELLA | \$330 |
| | BOTOX OR DYSPORT | FOREHEAD | \$330 |
| | BOTOX OR DYSPORT | GLABELLA & FOREHEAD | \$660 |
| | BOTOX OR DYSPORT | CROWS FEET | \$250 |
| | CHEMICAL PEEL (alpha hydroxyl or salicylic acid) | FACE | \$50 |
| | CHEMICAL PEEL (alpha hydroxyl or salicylic acid) | BACK OR CHEST | \$125 |
| | CHEMICAL PEEL (trichloroacetic-medium peel) | FACE OR SCALP | \$750 |
| | BLUE LIGHT / CLEARLIGHT | PER SESSION FACE OR BACK | \$50 |
| | C02 LASER RESURFACING | UPPER EYELIDS | \$500 |
| | C02 LASER RESURFACING | LOWER EYELIDS | \$1,000 |
| | C02 LASER RESURFACING | UPPER & LOWER EYELIDS | \$1,250 |
| | C02 LASER RESURFACING | LIP IF DONE ALONE | \$750 |
| | C02 LASER RESURFACING | LIP IF DONE WITH EYELIDS | \$500 |
| | COSMETIC CONSULT (IF BOOKING A PROCEDURE THE \$50 GETS APPLIED TO THE PROCEDURE DAY OF PROCEDURE. HAIR CONSULT FREE.) | | \$50 |
| | DYSPORT (SAME PRICES AS BOTOX ABOVE) | | |
| | ERBIUM LASER | PER TREATMENT PER SITE | \$300 |
| | EXCIMER LASER | PER TREATMENT | \$150 |
| | EXCISION & PATHOLOGY | PER LESION DEPENDING ON SIZE & SITE | \$300-500 |
| | FILLERS (RESTYLANE, JUVEDERM, PERLANE) | 1 vial | \$399 |
| | FRAXEL LASER | PER SESSION/EYES | \$200 |
| | | IF DONE W/ FULL FACE | \$100 |
| | FRAXEL LASER | PER SESSION/FACE | \$750 |
| | FRAXEL LASER | PER SESSION/NECK | \$300 |
| | FRAXEL LASER | PER SESSION/CHEST | \$750 |
| | FRAXEL LASER | PER SESSION/HANDS | \$250 |
| | GENTLEWAVES | PER SESSION PER SITE | 10/\$200 or \$25 ea |
| | GENTLEWAVES W/ REPLENIX | PER SESSION PER SITE | \$50 |
| | GENTLEWAVES W/ MICRODERM | PER SESSION PER SITE | \$95 |
| | IPL HAIR REMOVAL | SEE PRICE LIST | |
| | IPL PHOTO REJUVENATION (face, arms, etc.) | PER SESSION PER SITE | \$200 |
| | IR (HAND PIECE LIKE THERMAGE-STARLUX) | BODY | \$500 |
| | IR (HAND PIECE LIKE THERMAGE-STARLUX) | FACE | \$350 |
| | IR (HAND PIECE LIKE THERMAGE-STARLUX) | NECK | \$150 |

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|--------------------------------------|--|----------------|
| JUVEDERM | 1 VIAL | \$399 |
| KTP (angiomas only) | PER 30 MINUTE SESSION | \$350 |
| KTP (vascular laser face veins) | PER SESSION/FACE | \$200 |
| KTP (vascular laser face veins) | PER SESSION/NOSE OR SPOT TREATING | \$150 |
| LATISSE | PER PK (1 ML BOTTLE) | \$129 |
| LUX V / ACNE | PER SESSION PER SITE | \$100 |
| MICRODERMABRASION | PER SESSION/FACE | \$75 |
| MICRODERMABRASION | PER SESSION/BACK OR CHEST | \$125 |
| RESTYLANE | 1 VIAL | \$399 |
| REVAGE HAIR SOLUTIONS | 45 TREATMENTS <i>IF PAID IN FULL</i> | \$3,800 |
| REVAGE HAIR SOLUTIONS | <i>IF PAID IN INSTALLMENTS</i> | \$4,000 |
| SKIN TAGS | PER AREA | \$125 |
| SPIDER VEIN INJECTION | PER SESSION/PER LEG | \$300 |
| SUPER PEEL (MICRODERM W/ PEEL) | PER SESSION | \$120 |
| TATOO REMOVAL (Q YAG) | PER SESSION DEPENDING ON SIZE | \$150-350 |
| TATOO REMOVAL CONSULTATION BY DOCTOR | | \$90 |
| THERMAGE | FULL FACE (600 pulses) | \$999 |
| THERMAGE (EYES) | EYES, PERI, FOREHEAD EYES IF DONE W/ FULL FACE | \$999 \$399 |
| THERMAGE (NECK) | NECK | \$799 |
| THERMAGE (LIPS) | LIPS | \$499 |
| THERMAGE (HANDS) | HANDS | \$799 |
| THERMAGE (BODY) | <i>SEPARATE LIST</i> (to be determined) ~ | \$1,699 |
| WARTS C02 LASER | PER SESSION. (NEED TO SEE PATIENT. DEPENDS ON SITE. LOCATION & NO. OF WARTS.) | \$250- 500 |

IPL HAIR REMOVAL PRICES PER PROCEDURE:

| | | | | | |
|--------------------------|-------|--------------------|-------|-------------------|-------|
| SCALP | \$200 | NECK (fwd of ear) | \$150 | ABDOMEN | \$150 |
| BEARD FULL (face & neck) | \$250 | NECK (back of ear) | \$150 | FLANK | \$150 |
| FOREHEAD | \$100 | FEET | \$100 | CHEST | \$200 |
| NOSE | \$75 | HANDS | \$100 | BREAST | \$125 |
| EARS | \$100 | BIKINI FULL | \$200 | BACK FULL | \$300 |
| GLABELLA | \$50 | BIKINI MINI | \$125 | BACK HALF | \$175 |
| LIP UPPER | \$100 | UNDERARMS | \$100 | BUTTOCKS | \$150 |
| CHIN | \$100 | SHOULDERS | \$125 | THIGHS | \$200 |
| SIDEBURN | \$100 | FOREARMS | \$150 | LEGS KNEE & ABOVE | \$200 |
| CHIN/SIDEBURN | \$150 | ENTIRE ARMS | \$250 | LEGS KNEE & BELOW | \$200 |

***Above prices subject to change.**

PERSONAL CHECKS UP TO \$200.00 ARE ACCEPTED FOR COSMETIC PROCEDURES. FOR COSMETIC PROCEDURES OVER \$200.00 CASH, CREDIT OR DEBIT CARD (MUST COME IN TO SIGN FOR OR FAX CREDIT CARD AUTHORIZATION APPROVAL), CERTIFIED CHECK OR MONEY ORDER ARE ACCEPTED FOR PAYMENT.

I agree to pay the above fee schedule prior to any procedure I receive.

If this Agreement is pertaining to a Fraxel, Thermage or LUX1540 Procedure I certify that I have read the Fraxel/Thermage Agreement and understand that a down payment of \$500.00 (or \$_____ if not a full face procedure) or if LUX 1540 payment in full is due at this time in full and is non-refundable. If an appointment date needs to be rescheduled for said procedure you must call and reschedule 10 days prior to your original appointment or your deposit will be forfeited.

Signed this _____ day of _____, 2010

PATIENT OR GUARDIAN SIGNATURE