

CONSENT TO PERFORM REVAGE HAIR RESTORATION TREATMENT

PATIENT: _____

DATE: _____

PURPOSE

To stop hair loss and stimulate new hair growth.

PROCEDURE

Low level laser light stimulates the scalp through a rotating follicular unit. The low level light therapy increases blood flow to the targeted scalp area thereby inducing dormant hair follicles resulting in the generation of a more vital, robust hair follicle. A minimum of 45 treatments are needed and each laser treatment is 15 minutes in length.

EXPECTATIONS

CDSC is an authorized facility to administer Revage Low-Level Light Therapy (LLT). Revage has been shown to slow hair loss, increase hair quality, stimulate new hair growth, reduce split ends, retain hair color longer and add vibrancy and volume. (See attached article.)

While CDSC is able to administer this FDA approved hair treatment, CDSC does not guarantee results. CDSC does not promise any individual result, patient satisfaction or guarantee hair growth, nor promise that one may not lose more hair.

After the completion of the initial 45 treatment regimen, maintenance treatments are required usually on a once a month basis (will vary from patient to patient).

RISKS/DISCOMFORT

Revage Hair Restoration is painless and safe.

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 Revage Hair Restoration Treatment.

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

POST REVAGE INSTRUCTIONS

To manage the potential hair growth with Revage, we recommend the additional following regimen:

1. Continuous twice daily topical application of 5% Rogaine (Minoxidil) to the scalp for men and women.
2. Oral Propecia (finasteride) 1 mg daily continuous regimen for men only. Not indicated for females as it may cause feminization of a male fetus if pregnant.
3. Monthly Revage maintenance treatments after the initial 45 treatments.
4. Mesotherapy - Avadart injected directly into the scalp.

I have read and understand the above Post Laser Peel Instructions.

Patient Signature

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

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

REVAGE HAIR SOLUTIONS AGREEMENT

This agreement constitutes a contract which is made this _____ day of _____, 2008, in Downers Grove, Illinois, between Center for Dermatology & Skin Cancer f/k/a ("CDSC"), as Provider and Patient _____ whose address is:

Patient hereby acknowledges that Patient has received information and/or literature, has listened and/or talked to CDSC concerning the Revage Hair Solutions procedure, and has given informed consent for said procedure. Patient is aware that Revage is a cosmetic procedure and NOT billable to any insurance carrier. Patient further understands that this is a commitment by both parties for the Revage Hair Solutions procedure with the first treatment date of _____ and that CDSC is now relying on and thereby commits to purchase equipment and supplies based on this contract. Patient acknowledges they are aware that Revage is a cosmetic procedure and not billable to any insurance carrier. Patient acknowledges that a down payment price of Two Thousand Dollars (\$2,000.00) is due at this time in full and is non-refundable. _____ (patient initials)

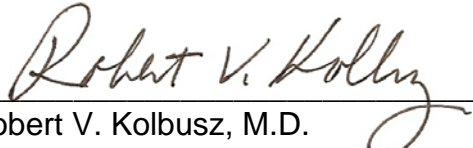
Patient hereby acknowledges that Patient understands 22 treatments MUST be completed within a five (5) month period for optimal results or the remaining treatments will be forfeited and payments received non-refundable. _____ (patient initials)

If an appointment date needs to be rescheduled you must call and reschedule at least 48 hours prior to your original appointment. _____ (patient initials)

This agreement is binding upon signing. In the event a dispute arises, the substantially prevailing party should be entitled to an award of attorney's fees and costs. The venue shall be DuPage County in the State of Illinois and both parties shall be deemed to have created this agreement.

Patient

Witness



Robert V. Kolbusz, M.D.
Center for Dermatology & Skin Cancer

REVAGE PAYMENT FLOW

NAME: _____ DATE: _____

Payment:

\$3,800.00 Payment in full including a \$200.00 discount.
Prepaid for 45 treatments on _____
Paid via MC / Visa / Discover / Cashier Check / Cash

\$2,000.00 Partial payment. Must be completed within a 6 month period.
Prepaid for 22 treatments on _____
Paid via MC / Visa / Discover / Cashier Check / Cash

\$2,000.00 _____ *remaining balance due at Treatment No. 22.*

\$ _____ balance due paid on _____

\$ _____ balance due paid on _____

\$ _____ balance due paid on _____

\$ _____ balance due paid on _____

Patient Signature

Employee Signature