

**CONSENT TO PERFORM THERMAGE
(THERMACOOL TC NON-ABLATIVE RADIO FREQUENCY)**

PATIENT: _____

DATE: _____

The ThermaCool TC System is indicated for dermatological and general surgical procedures for electrocoagulation and hemostasis. Other uses are investigational and require patient consent.

PURPOSE/PROCEDURE

Thermage is the controlled, radio-frequency heating of deep skin with cooling of the surface skin. It is a recent and new technology which heats the underlying skin collagen promoting new collagen formation.

RISKS/DISCOMFORT

Just as there may be benefits to the procedures proposed, I understand that all procedures involve risks to some degree.

Discomfort - Some people may feel some pain with this treatment. The discomfort is usually temporary, lasting only a few seconds.

Reddening - Treatment may cause a reddening of the area. The reddening will usually go away in one to two hours after treatment. In some instances the redness can persist for several weeks.

Swelling - Treatment may cause swelling, which will usually go away in 3 to 5 days or less.

Bruising - Treatment may cause bruising, but this is extremely uncommon.

Pigment Changes - The treated area may heal with increased or decreased pigmentation (skin coloring). This occurs most often with darker pigmented skin and after exposure of the areas to the sun. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions. The treated area must be protected from exposure to the sun (sunscreen for 2-3 weeks after treatment) to minimize the chances of too much pigmentation (hyperpigmentation). However in some subjects, hyperpigmentation may occur even if the area has been protected from the sun. These spots usually fade in three to six months; however, in some cases the pigment change is permanent. A reduction in pigment (hypopigmentation) is also possible, but this is a very uncommon effect

Blistering/Burns - The procedure may produce heating in the upper layers of the skin resulting in blister formation. The blisters, which are uncommon, usually clear within two to four days.

Scabbing - A scab or crust may develop after the blister forms. The scabbing disappears during the natural wound healing process of the skin over 5 to 10 days.

Infection - An infection is rare following treatment if proper care is taken after the procedure.

Scarring - There is a small chance of skin scarring because of the heat delivered to the skin. The types of possible scars include raised scars or slightly depressed scars. Scarring is a possibility.

Altered Sensation - There may be altered sensation, or permanent or transient nerve damage at the treatment site. However, this is extremely unlikely because the system has been designed to deliver a controlled application of energy to the tissue.

I am aware that other unexpected risks or complications may occur and that no guarantees or promises have been made to me concerning the results of any procedure or treatment. It has also been explained that during the course of the proposed procedures, unforeseen conditions may be revealed requiring performance of additional procedures.

BENEFITS

Tightens and lifts sagging skin. Over time, new collagen is produced to further tighten skin, resulting in healthier, smoother skin and a more youthful appearance.

Because all individuals are different, it is not possible to completely predict who will benefit from treatment with the ThermoCool device. Some patients will have terrific results, while others may have little or no improvement. Your physician has tried to predict as carefully as possible how you will do with treatment, but by signing this consent form you acknowledge that guarantees as to the final results of your treatment have not been made. It is also possible that additional treatments may be needed to achieve the desired end result, or that smaller touch-up procedures may be required. It is important to be aware that there is a fee associated with these additional procedures.

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 a 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 Thermage.

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 understand that a down payment price of \$500.00 (or \$_____ if not a full face procedure) is due at this time in full and is non-refundable. I understand that if an appointment date needs to be rescheduled I must call and reschedule ten (10) days prior to my original appointment or my deposit will be forfeited.

I have read this 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)

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

TO: *CENTER FOR DERMATOLOGY FRONT DESK RECEPTIONIST*
FAX NO.: *630/964-2033*

PATIENT AUTHORIZATION / TRANSACTION CONSENT

PATIENT: _____

I authorize **Center for Dermatology & Skin Cancer / Robert V. Kolbusz, M.D.** to charge my credit card:

\$ _____

for a non-refundable deposit for a **Fraxel / Thermage / Other (specify)** _____
(circle one)

treatment scheduled for _____ (date).

Cardholder Name: _____
(as it appears on the card)

Credit Card No. _____
(MC / Visa / Discover)

Expiration Date: _____

Billing Address: _____

I authorize Center for Dermatology & Skin Cancer / Robert V. Kolbusz, M.D. to send me my transaction / receipt(s) at:

(address transaction to be mailed to)

Cardholder Signature: _____
Preauthorized Credit Card Signature "on file" for Health Care expenses

Date: _____

We appreciate our patients!

Cardholder Copy

FRAXEL / THERMAGE AGREEMENT

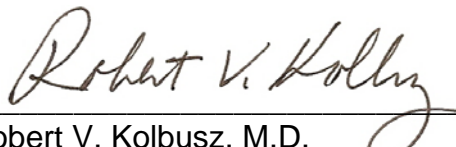
This agreement constitutes a contract which is made this _____ day of _____, 2008, in Downers Grove, Illinois, between Center for Dermatology & Skin Cancer f/k/a ("CDSC"), as Provider and Patient _____ whose address is:

Patient hereby acknowledges that Patient has received information and / or literature, has listened and or talked to CDSC concerning the Fraxel / Thermage (circle one) procedure, and has given informed consent for said procedure. Patient further understands that this is a commitment by both parties for the Fraxel / Thermage procedure with a treatment date of _____ and that CDSC is now relying on and thereby commits to purchase equipment and supplies based on this contract. Patient acknowledges that a down payment price of Five Hundred Dollars (\$500.00) (or \$_____ if not a full face procedure) is due at this time in full and is non-refundable. _____ (patient initials)

If an appointment date needs to be rescheduled you must call and reschedule ten (10) days prior to your original appointment or your deposit will be forfeited. _____ (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



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

Witness