

| Name | Birthdate/ Sex M / F | | | | | |
|---------------------------------------|---|---------------------------------|--|--|--|--|
| Email | Phone | | | | | |
| Address | City | Zip | | | | |
| Emergency Contact | Nur | lumber | | | | |
| Allergies | | | | | | |
| How did you hear about Look Youn | g Atlanta? | | | | | |
| Please circle any past or current m | edical conditions: | | | | | |
| Lupus / Auto-Immune Deficiency | Accutane Treatment | Diabetes | | | | |
| Pregnant | Keloid or Thick Scarring | Epilepsy | | | | |
| Bleeding Abnormalities | Herpes Simplex / Fever Blisters | Scars that turn white or brown | | | | |
| Dark Spots after Pregnancy | Psoriasis or Vitiligo | Leg Ulcer or Phlebitis | | | | |
| Blood Thinning | Rheumatoid Arthritis | Cystic Acne | | | | |
| HIV | Hepatitis | Waxing/Plucking in last 4 weeks | | | | |
| Hirsutism | Transplant Anti-rejection Drugs | Skin Cancer | | | | |
| Permanent Makeup | Surgical Implants | Metal Implants | | | | |
| Chemical Peels | Microdermabrasion | Laser Resurfacing or Facelift | | | | |
| Please list any past or current med | ical conditions that are not listed ab | ove: | | | | |
| medications: | eal supplements that you are current t which you would like to receive mo | | | | | |
| | Hormone Replacement Therapy Laser Hair Removal | | | | | |
| Botox/Fillers | Sun Damage Removal | Wrinkle Removal | | | | |
| Decreasing Pore Size | Decreasing Acne Scarring | Laser Vein Removal | | | | |
| By my signature below, I certify that | t the above medical information is t | rue and accurate. | | | | |
| Signature | | Date | | | | |



PATIENT CONSENT FORM FOR LASER TREATMENT OF VASCULAR LESIONS

I hereby authorize Look Young Atlanta or any delegated associates, to remove or lighten the appearance of vascular lesions. The procedure involves using a laser or pulsed light device to coagulate the vessels or vascular lesion. It may take multiple treatments to obtain optimal results, and it is possible that the results will be minimal or not help at all. Light based devices will not prevent you from developing new veins. Although these devices are effective in most cases, no guarantees can be made.

I am aware of the following possible experiences/risks:

- DISCOMFORT A slight warming sensation may be experienced during treatment.

 REDNESS/SWELLING/BRUISING Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.
- PIGMENT CHANGES (Skin Color) During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- WOUNDS Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.
- INFECTION Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office at 404 239 3911
- SCARRING Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- EYE EXPOSURE Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.

- The following points have been discussed with me:
 Potential benefits of the proposed procedure
- Possible alternative procedures such as topicals, microdermabrasion, or surgery
- Probability of success
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period.

For women of childbearing age: By signing below I indicate that I am not pregnant. Futhermore, I agree to keep Look Young Atlanta and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby do do not authorize the use of my photographs for teaching purposes.

Arbitration and Dispute Settlement. Except for claims for injunctive or equitable relief, any dispute arising under this Agreement shall be finally settled in accordance with the Comprehensive Arbitration Rules of the Judicial Arbitration and Mediation Service, Inc. ("JAMS") by an arbitrator appointed in accordance with such Rules. The arbitration shall take place in Atlanta, Georgia, in the English language, and the arbitral decision may be enforced in any court. The award rendered by the arbiter to the prevailing party in any action or proceeding to enforce this Agreement shall include costs of arbitration, reasonable attorneys' fees and reasonable costs for expert and other witnesses, and any judgment on the award rendered by the arbitrator may be entered in any court of competent jurisdiction.

ALL CLAIMS MUST BE BROUGHT IN THE PARTIES' INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING, AND THE ARBITRATOR MAY NOT CONSOLIDATE MORE THAN ONE PERSON'S CLAIMS. YOU AGREE THAT, BY ENTERING INTO THESE TERMS, YOU AND LOOK YOUNG ATLANTA, LLC ARE EACH WAIVING THE RIGHT TO A TRIAL BY JURY OR TO PARTICIPATE IN A CLASS ACTION.

| ACKNOWLEDGMENT By my signature below, I certify that I have read and fully understand the contents of this permission form for Laser Genesis treatment, and that the disclosures referred to herein were made to me. | | | | | | | |
|---|----------|--|--|--|--|--|--|
| Signature | Date | | | | | | |

Fitzpatrick Classification Questionnaire

| SCORE | | 0 | 1 | 2 | 3 | 4 |
|-------|--|---|--------------------------------------|---|-----------------------|---------------------------|
| | What is the natural color of your hair? | Sandy red | Blond | Chestnut, dark blond | Dark brown | Black |
| | What is the eye color? | Light blue, Gray, Green | Blue, Gray, Green | Blue | Dark Brown | Brownish Black |
| | What is the color of sun unexposed skin areas? | Reddish | Very pale | Pale with beige tint | Light brown | Dark brown |
| | How many freckles on unexposed skin areas? | Many | Several | Few | Incidental | None |
| | What happens when you are in the sun TOO long without sunblock? | Painful redness, blistering, peeling | Blistering followed by peeling | Burns, sometimes followed by peeling | Rarely burns | Never had a problem |
| | How well do you turn brown? | Hardly or not at all | Light color tan | Reasonable tan | Tan very easily | Turn dark very quickly |
| | Do you turn brown within one day of sun exposure? | Never | Seldom | Sometimes | Often | Always |
| | How does your face respond to the sun? | Very sensitive | Sensitive | Normal | Very resistant | Never had a problem |
| | When did you last expose yourself to the sun or artificial sun treatments? | More than 3 months ago | 2-3 month ago | 1-2 months ago | Less than 1 month ago | Less than 2 weeks ago |
| * | Do you expose the area to be treated to the sun? | Never | Hardly ever | Sometimes | Often | Always |
| * | TOTAL | | | | | |

- 00-07 points = Skin type I
- 08-16 points = Skin type II
- 17-25 points = Skin type III
- 25-30 points = Skin type IV
- 30-40 points = Skin type V & VI



Patient Guide for Laser Vein Removal

Laser Vein Therapy is a quick and effective way to eliminate a broad range of embarrassing blood vessels, from unsightly spider veins to deep blue varicose veins up to 3 millimeters in diameter. Whether the veins are large or small, on your face, legs, or anywhere else, they can be safely and permanently removed.

Before Treatment

Avoid sun exposure, tanning beds, and self-tanning for 2 weeks before treatment. While this is not imperative, it will significantly improve your results.

The Day of Treatment

Skip your standard application of lotion and makeup. Your skin should clean and product-free before your treatment.

If you have permanent makeup or tattoos in the area to be treated, let us know! You can still receive treatment but the tattooing must be covered, to protect it and your skin.

During Treatment

During Treatment you will feel heat and the sensation of a rubber band popping on your skin. Please let the technician know if you experience any discomfort or if the laser is too hot. For extensive treatment, we recommend an application of Lidocaine ointment to numb the area. Any pain medication that acts as a blood thinner is discouraged.

After Treatment

Apply sunscreen immediately after treatment, and every time you go outside for the next week. Keep pressure on the treated area to keep blood flow from reopening the vessel. For instance, we recommend keeping your legs wrapped for 3 days after treatment to reduce blood flow back into the vessels treated.

You may experience temporary redness or a mild "sunburn" like effect that may last any where from a few minutes to 3 or 4 days. Other potential side effects include darkening of the target vein (this is a normal part of the process), blistering, crusting, itching, bruising, bumps, scabbing, and swelling. If your side effects do not resolve within a few days, please let us know!

You should expect to see results within 2-6 weeks, although the full results of laser vein therapy may not be seen for several months. Many patients see significant improvements right away.

Depending on the size and severity of your spider or varicose veins, multiple treatments may be necessary for optimal results.

Do not get Laser Vein Therapy if you:

- Take Coumadin
- Have diabetes
- Have a seizure disorder or epilepsy
- Have Lupus or any light sensitive disorder
- Use or have used Accutane within the past 6 months
- Take photo-sensitive prescription drugs such as Tetracycline, Doxycycline, etc.