

Patient Information & Consent Form

This document has been prepared to inform you about the SCARLET SRF, RF Microneedling procedure, its risks, precautions, as well as contraindications to the treatment. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read and understand each segment, as proposed by your medical professional, and are mutually consenting to the program outlined for you.

Acknowledgement

I, _____, have received information about the proposed treatment. I have discussed my procedure with undersigned medical personnel and have been given an opportunity to ask questions and have them fully answered. I understand the nature and purpose of the recommended procedure, alternative treatment options, possible potential complications/risks and subsequent healing period involved with the proposed procedure. As well, I acknowledge the possibility that additional treatments may be necessary for the desired outcome, and that the procedure may not be successful due to other factors such as health or others that have been explained.

Pre-treatment Precautions

I, _____, have received information about the pre-treatment precautions.

- NSAIDs, Blood thinners in 1 week before the treatment
- Chemical peels in 1~6 weeks before the treatment
- LED or noninvasive lasers in 2~3 weeks before the treatment
- Invasive lasers in 6~12 weeks before the treatment
- Use of Retin A, Retinols in 1 month before the treatment
- Hair perm or hair dye in 1 week before treatment

Risks of the Recommended Treatment

As with any medical procedure, there are possible risks associated with the treatment.

I, _____, am aware of the following conditions that I am at risk of experiencing.

- **DISCOMFORT**-A slight warming sensation may be experienced during treatment. Areas around the jawline, mouth and eye area can be slightly uncomfortable during when working in that region.
- **USE OF OTHER AGENTS**-A numbing agent will be used to help with any discomfort.
- **REDNESS/SWELLING**-Some redness is common, and can see slight swelling. This is very common and is usually diffused within a few hours or up to 24 hours.
- **SKIN COLOR CHANGES**-Hyper/Hypo pigmentation does not occur with the SCARLET SRF procedure, however any transient UV pigmentation is generally diffused around the surrounding of treated area.
- **SKIN DRYNESS**-Dry skin is common for up to 7 days. It is important to follow the SCARLET SRF post care recommendations to recondition the skin's natural balance quickly.

Contraindications

I, _____, am aware of the following contraindications to the suggested treatment of SCARLET SRF.

- Patients with pacemakers, cardioverter defibrillator, or other implanted electrical devices
- Pregnant or breast-feeding mothers
- A current sign or medical history of skin cancer, other cancer types, and/or precancerous warts
- Critically ill patients (i.e. heart-related disease)
- Compromised immune system due to HIV, AIDS and/or drugs that have compromised system
- Heat sensitive diseases, such as herpes simplex
- Endocrine disorders that are hardly manageable such as diabetes
- Patients with progressive acute diseases, eczema, psoriasis, decubitus, rash etc.
- Those with history of impeded recovery from skin disorders, keloid and/or injury
- Patients with impaired blood clotting or who have consumed or injected an anticoagulant drug in the last 10 days
- Those deemed unsuitable for such operation at the surgeons' discretion

I hereby authorize Dr. _____, or _____

under Dr. _____'s supervision to begin my SCARLET SRF treatment.

Patient Name _____

Address _____

Telephone _____

Medical Personnel Statement: I have fully explained to the patient, _____, the nature and purpose of the SCARLET SRF treatment and the potential risks associated with that treatment. I have asked the patient if he/she has any questions regarding the recommending treatment or the risks and have answered those questions to the best of my ability. I also acknowledge that I have read and understand the prescribing information listed above.

Medical Personnel Name / Date

Restorative Medspa, PLLC
1101 Lake Street, Suite 307
Oak Park, IL. 60301
(708) 948 - 7582

Microneedling Consent Form

Microneedling is based on the body's natural ability to heal itself. Microneedling treatments create superficial "Micro-channels" to the outermost layer of the skin, inducing the healing process including new collagen formation. Microneedling has been shown to reduce the visibility of acne scars, fine lines, and wrinkles, diminish hyperpigmentation, and improve skin tone and texture.

I, _____ (Print name) hereby authorized and directed associates or assistance of Dr. Asma Ghafoor perform my microneedling treatment.

_____ I understand possible side effects include and not limited to: slight redness, histamine reactions, swelling, stinging, itching, tender, dry and flaky skin. In rare instances, hyperpigmentation/hypopigmentation, scarring, or infection can occur. I UNDERSTAND THAT I SHOULD ONLY APPLY PRODUCTS RECOMMENDED BY MY CLINICIAN POST TREATMENT.

_____ Improvements of the skin may be accomplished by other treatments. Options include laser skin surface treatment, chemical peels, microdermabrasion, and facials. Other options not mentioned here may exist. Risk and potential complications are associated with alternative treatments.

Most side effects will gradually diminish overtime as healing may take several days. Notify your clinician if any side effects cause extreme discomfort or any expected problems immediately.

_____ I have avoided the following products/procedures three days prior to treatment:

ACKNOWLEDGEMENT

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS MICRONEEDLING CONSENT FORM AND THAT THE DISCLOSURES REFERRED TO HEREIN MADE TO ME.

Print Name: _____

Signature: _____ Date: _____

Technician's Signature: _____ Date: _____

Address: _____

City: _____ STATE: _____ Zip: _____

Email address: _____

Chemical Skin-Peeling Consent

Patient Name _____

Date _____

This is an informed consent document that has been prepared to help inform you of chemical skin peeling, its risks, as well as alternative treatments.

It is important that you read this information carefully and completely. Please read each page and sign the consent.

Introduction:

Chemical skin peeling and other skin treatments have been performed for many years to treat a variety of skin disorders. Conditions such as sun damage, wrinkling, and uneven pigmentation may be treated with these non-invasive techniques. There are many different techniques and regimens for the application of chemical-peeling and skin treatment procedures.

Chemical skin-peeling procedures are not an alternative to skin tightening surgery when indicated.

Alternative forms of management include not treating the skin with chemical-peeling agents or other medications. Improvement of skin lesions and skin wrinkles may be accomplished by other treatments such as dermabrasion, laser treatment, or surgery to tighten loose skin. Risks and potential complications are associated with alternative forms of treatment.

Risks of Chemical-Peeling:

There are risks and complications associated with chemical-peels. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your surgeon to make sure you understand all possible consequences.

- 1) **Infection** - Infection is unusual. Bacterial and viral infections can occur. If you have a history of Herpes simplex virus infections around the mouth, it is possible that an infection could recur following a chemical peel. Specific medications must be prescribed prior to the skin peeling procedure in order to suppress an infection from this virus. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.
- 2) **Scarring** - Although good wound healing after a surgical procedure is expected, abnormal scars may occur in the skin and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring.
- 3) **Color change** - Chemical peeling agents can permanently lighten the natural color of your skin. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. Permanent darkening of skin has occurred after chemical peels. A line of demarcation between normal skin and skin treated with chemical peeling agents can occur. Redness after a chemical peel may persist for unacceptably long periods of time.
- 4) **Skin Lesion Re-Occurrence** - Skin lesions in some situations can recur after a chemical peel. Additional treatments or secondary surgery may be necessary.
- 5) **Delayed Healing** - It may take longer than anticipated for healing to occur after a chemical peel or other treatments. Skin healing may result in thin, easily injured skin. You may be required to continue with a skin care maintenance program after a chemical peel.
- 6) **Allergic Reactions** - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

- 7) **Sunburn** - Certain types of chemical peeling agents may permanently leave the skin very prone to sunburn. Skin after a chemical peel may lack the normal ability to tan when exposed to light.
- 8) **Lack of Permanent Results** - Chemical peel or other skin treatments may not completely improve or prevent future skin wrinkling. Neither technique can reverse the signs of skin aging. Additional surgical procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program.
- 9) **Heart Problems**- Chemical peeling preparations have been reported to produce abnormal heartbeats that may require medical treatment should they occur during the procedure. This is a potentially serious problem.
- 10) **Additional Surgery** - There are many variable conditions, which influence the long-term result of chemical peeling. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even rarer. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

I have read and understand the above paragraphs and realize that chemical peeling carries with it certain serious risks. All my questions regarding this consent have been answered fully and to my satisfaction, and I fully understand the risks involved. I also state that I read, speak, and write English.

Patients or Legal Guardian's Signature

Date

Witness' Signature

Date

Doctor's Signature

Date

Restorative Medspa, PLLC
Dr. Asma Ghafoor
1101 Lake Street, Suite 307
Oak Park, IL. 60301

Consent for Human Chorionic Gonadotropin (hCG) Weight-Loss Program

I request and consent to injections of hCG and strict dietary restrictions for the purpose of losing weight. I fully understand this will be administered and monitored by the medical providers at Restorative Medspa, PLLC. I understand that as part of the program I will be given a limited physical and orientation to the program, will be instructed on how to administer the injections/troche myself. I understand that initial blood tests may be performed to rule out any conditions that would disqualify me from the program or require any prior treatment before starting the program. I agree to immediately report any problems that might occur to the medical provider during the treatment program. I further understand that there could be risks involved as there are with all medications and that not complying with the dosage recommendations and dietary restrictions could increase risks and alter the results. Product information is available upon request. The usage guidelines noted in the product information are consistent with a 10 - 15,000 units dosage per week. The Simeon's protocol used by HCG Diet Center uses 900 units dosage per week. There are currently no studies available at this dosage outlining possible risks.

I understand that hCG is not FDA approved for weight loss. I also understand that there is medical evidence to support use of hCG for this purpose. The medical providers at Restorative Medspa, PLLC provide and administer the treatment with hCG. I agree that I am, and will be under the care of another medical provider for all other conditions. Restorative Medspa works in conjunction with, but cannot replace, regular primary care physicians, such as general practitioners or other specialists in Family Medicine or Internal Medicine.

hCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets.

I understand the medical providers at Restorative Medspa, PLLC only prescribe hCG and medication necessary for this treatment with hCG only as part of the weight loss program. The providers at Restorative Medspa, PLLC will not prescribe any other type of prescription or non-prescription medications of any kind. We are sometimes asked by patients to provide or renew other medications (such as painkillers or anti-depressants), which were originally ordered by other medical providers. We are not able to comply with such requests because it may lead to confusion and substandard medical care.

Because we are committed to enabling our patients to obtain and maintain health and wellness naturally, and the services provided by our office are based upon a natural and preventative approach, it is rare that insurance companies cover this program. Insurance companies, in general, rarely cover weight loss. For this reason, we do not accept or bill insurance for this program. Once labs are done, the physical is performed, and the treatment is started, we cannot honor any refund requests based on scheduling conflicts, missed doses, unsatisfactory results, etc.

If blood work is indicated, a licensed lab and the fee will conduct the test added to your initial visit fee.

I have read and understand all of the above and have been informed of potential side effects and risks that may be associated with the hCG protocol. I fully understand what I am signing and hereby request and consent to weight-loss treatment using injections of hCG. I have disclosed my full medical history and have been physically examined by my health care practitioner. I am aware the common risks, benefits, side effects and adverse reactions of hCG, and I have had full opportunity to ask any questions.

To experience success on the clinic's hCG diet program, it is mandatory that you follow the diet protocol

explicitly. Restorative Medspa, PLLC does not warrant the results of its diet program due largely to off-site administration and patient imposed application of the diet program. I understand that results may vary and once I have begun the protocol I am committed to seeing it through.

I have been offered and have had the opportunity to review the HIPAA disclosure form: _____

Patient Signature: _____ Date: _____

Legal guardian or parental signature: _____ Date: _____

Risks and Discomforts – hCG Diet

Below is a list of risks and discomforts that may be experienced by a small part of the population, in particular, those patients that are already predisposed to allergies; the latter condition caused by a hyperstimulation of the hormone heparin within the body. The patient shall inform the primary health care provider if any of the following conditions occur:

Allergic Responses

If you experience allergic reactions to other substrates, you may have a sensitivity to hCG. It is required that you stop using hCG and report your allergic response to your physician immediately (emphasis added). The following are signs of an allergic reaction:

- Hives
- Difficulty breathing
- Swelling of your face, lips, tongue, or throat

Before receiving hCG tell your doctor if you are allergic to any drugs or if you have:

- A thyroid or adrenal gland disorder;
- An ovarian cyst;
- Cancer or tumor of the breast, ovary, uterus, prostate, hypothalamus, or pituitary gland;
- Undiagnosed uterine bleeding;
- Heart disease; Kidney disease
- Epilepsy;
- Migraines; or asthma

It is necessary for the doctor to know these predisposed pathologies in order to rule out any symptomatology that may not be related to the hCG. Also in allergic responses, the body overproduces fibrin which induces blood clotting, a potential lethal situation. Call your doctor immediately if you have any signs of a blood clot:

- Pain, Warmth, Redness
- Numbness, tingling in your arm or leg
- Confusion
- Extreme dizziness
- Severe headache, nausea, or vomiting
- Urinating less than normal

Less Serious Side Effects May Include

Less serious side effects may occur from the change in dietary patterns, until the blood sugar levels stabilize over a period of time with high protein intake. These less serious side effects include:

- Headache (diet related)
- Feeling restless or irritable;
- Mild swelling or water weight gain;
- Depression
- Breast tenderness or swelling;
- Pain, swelling, or irritation where the injection is given.

Breast Feeding

It is not known whether hCG passes into breast milk. Do not use hCG without telling your doctor if you are breast feeding a baby.

Other Drugs May Affect hCG

There may be other drugs that can interact with hCG. Tell your doctor about all the prescription and over-the-counter medications you presently use. This includes vitamins, minerals, herbal products, and drugs prescribed by other doctors. Do not start using a new medication without telling your doctor.