advanced DERMATOLOGY

CONSENT-TOTAL SKIN SOLUTION (GENIUS + LASEMD ULTRA)

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Consent

INTRODUCTION

This document is designed to explain to you the benefits and risks of the Total Skin Solution (TSS: Genius + LaseMD Ultra™).

Total Skin Solution (LUTRONIC Genius + LaseMD Ultra™) Treatment: INFORMED CONSENT BOOKLET

INTRODUCTION: The Total Skin Solution (TSS) is a combination of two different treatments: LUTRONIC Genius and LaseMD Ultra™. LaseMD achieves fast improvement in pigment and rebuilds glowing, healthy skin through gentle but effective non-ablative fractionated treatments. The Genius delivers precise RF energy to stimulate the production of collagen and elastin for sustained improvement in scars, wrinkles and laxity.
More specifically, LaseMD Ultra™ laser treatment is indicated for dermatoligical procedures requireing the coagulation of soft tissue, treatment of actinic keratosis, and treatment of benign pigmented lesions such as, but not limited to, lentigos (age spots), solar lentigos (sun spots) and ephelides (freckles). This treatment produces thousands of tiny columns of coagulation in your skin, known as microthermal treatment zones, that leaves the surrounding tissue unaffected and intact. This "fractional" treatment allows the skin to heal much faster than if the entire area were treated at once. LaseMD Ultra ™ is safe to use on difficult to treat areas such as neck, arms, chest, legs and back (typically because these areas heal more slowly). It is also safe to use on tanned skin or skin of color.

LUTRONIC GENIUS is radio-frequency device (RF) intended to provide effective dermal skin remodeling, deep within the skin to revive and rejuvenate the natural production of new collagen and elastin. Treatment with these devices triggers the skin's natural healing process, rejuvenating and refreshing the skin while reducing the appearance of wrinkles, acne and traumatic scars in all skin types. LUTRONIC GENIUS and Intensif uses sterile, gold plated microneedles to ensure high level of efficacy and safety with minimal discomfort while heating for optimal collagen remodeling.

Alternative treatments: : Alternatives to TSS treatment include Fraxel Dual, laser photorejuvenation with photodynamic therapy, collagen induction therapy, injectable fillers, wrinkle relaxers (botulinum toxins), eMatrix sublative rejuvenation, chemical peels, dermabrasion, other brands of non-ablative resurfacing, and carbon dioxide fractional resurfacing.

Contraindications to Treatment: The following people should NOT have a TSS treatment: those who have (or are)

- Infection at the treatment site(s)
- Implanted Medical Device: Pacemaker, internal defibrilators, cardioverters, superficial metal within treatment area and other metal or titanium implants
- Significant sun exposure expected during the treatment cycle and for 3 months after
- Pregnancy and/or nursing
- History of Cold Sores on the Face (should be pre-medicated with anti-viral medication)- if treating the face
- Very sensitive skin or highly susceptible to acne breakouts (may need to be on oral antibiotics during the course of treatment)
- History of bleeding disorders or use of anticoagulants
- History of skin disorders, keloid scarring or abnormal wound healing
- Having been on Accutane (isotretinoin) within 6 months

- Medications that induce photosensitivity. Stop the medication if possible for 3-5 prior to treatment.
- Unrealistic expectations

You should consult your provider if you have:

- Allergy to metal- Individuals with a suspected metal allergy should receive a test spot treatment and return in 1 week to evaluate your suitability for treatment.
- Allergy to antibiotics or certain topical products
- Daily use of anticoagulants, aspirin, iron supplements, some herbal supplements
- History of Herpes Simplex (cold sores)- Antiviral prophylaxis may be administered to minimize change of break out. Even with prophylaxis, a small percentage of individuals may experience an activation of herpes simplex within 5-10 days after the treatments.

Risks of Treatment: Although the majority of patients do not experience these complications, it is important that you understand the risks involved in a TSS treatment:

- Discomfort: Some discomfort is experienced during this procedure. We use cold air and also for this reason, we have you come to the office 30-60 minutes prior to your treatment start time to apply topical anesthetic to reduce discomfort. You will experience a mild sunburn sensation for 1-2 hours after treatment. Pain or discomfort may linger for a few hours or overnight after the procedure is completed.
The discomfort with Genius may be described as tiny needles pinching or burning sensation. If you want to take pain medication, you may take 400 mg of acetaminophen (Tylenol) 30 minutes before treatment begins. The burning sensation may last for a few hours after treatment.
- Redness and swelling: Redness and swelling are common, but also vary depending upon your skin and the treatment intensity. Swelling generally resolves in 2-3 days. Your skin will have a pinkish tone for 5-7 days, which is a normal sign that skin is healing.
- Petechia, exudates/bleeding/cursting: LaseMD Ultra is a mild laser treatment that infrequently may cause mild pinpoint bleeding and skin crusting. DO NOT pick at the crusting. Pinpoint bleeding or crusting resolves in 5-7 days.
- Peeling or textural changes: New epidermal skin develops immediately (within 24 hours). Your skin may have a bronze appearance for 3 to 14 days, depending on the treatment level. Your skin will naturally exfoliate as the reorganized skin replaces dead tissue. Flaking is similar to a minor sunburn, but without pain.
- Infection and Scarring: An open or closed skin wound may occur. Any unexpected wound, pain, redness or pus should be reported to your treatment provider promptly and may need additional treatment. Skin wounds may lead to permanent scarring, even if treated. Infection is possible with inflammation, heating or opening of the skin. Infections may lead to permanent scarring, even if treated.
- Acne and/or Rosacea: Flare-up of acne, rosacea, or milia may occur after a LaseMD teatment. Please let your provider know if you are prone to acne or rosacea so a pre-treatment of antibiotics can be considered. Acne or rosacea can also be treated post-treatment using antibiotics and/or a topical regimen.
- Itching may occur as part of infection, poor wound healing, contact dermatitis, or normal wound healing process.
- Pigmentary changes: After treatment, skin may appear darker (hyperpigmentation) or lighter (hypopigmentation) than before. Any change in color of the skin that is not expected should be reported to your treatment provider and may need additional treatment. Pigmentation changes may become permanent, even with additional treatment.
- Bruising: Bruising is possible from the Genius part of the treatment. While uncommon, the risk increases if you take aspirin products or are on blood thinners. Bruises are temporary and resolve in 1-2 weeks.
- Contact dermatitis or irritant dermatitis may occur in some cases.
- Herpes simplex (Cold Sores): If you have had a facial cold sore, Fraxel laser might provoke an outbreak or you could develop a new one.

Results: The duration of improvement with a TSS treatment varies between patients. Most results are visible within one month but anything stimulating collagen production (scars and wrinkles) may take 3-6 months after last treatment.

MULTIPLE TREATMENTS AND MAINTENANCE TREATMENTS: Improvement in pigment, fine lines, wrinkles, skin texture, skin laxity, acne scarring, and other scarring will be seen trough a series of 3-5 treatments scheduled one month apart. Although in some patients the results from a treatment are seen immediately, in most patients

they will appear gradually over two to six months on average. Maintenance is recommended 1-2 times per year depending on new damage, pigmentation, wrinkles, and laxity that develops over time.

Patient Satisfaction: TSS treatment usually gives excellent satisfaction. Although most of our patients/clients are extremely satisfied with their results, results are variable. We cannot provide you with any guarantee of your results.

Post treatment care: Follow the instructions given to you by your provider and on the post-op info sheet. Failure to do so may result in sub-optimal results or side effects such as listed above.

Financial Responsibility: The treatments discussed in this document are cosmetic in nature and are not covered by insurance policies. Payment is required at the time of service, and in some cases, prior to service. You will receive a written quote for each treatment that is recommended for you that is valid for 90 days. Should the price change after 90 days you would be responsible for any increase in cost. If there are changes in the plan during the treatment you will be required to pay for any additional care. We do offer a line of credit financed through a financial services company.

Treatment Providers: Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm.all perform cosmetic treatments at Advanced Dermatology. All providers at Advanced Dermatology have been specifically trained by Dr. Taub and are all licensed professionals in the state of Illinois. Dr. Taub reviews and approves every treatment performed at Advanced Dermatology. Dr. Taub is a board-certified dermatologist with over 25 years in practice and is Medical Director and Founder of Advanced Dermatology. We have taken great measures to ensure that your treatment is performed safely and effectively. We attend national meetings frequently to keep updated on the latest, best and safest techniques and remain at the forefront of cosmetic dermatology.

Disclaimer: What your Physician, Physician Assistant, Laser Provider, Licensed Esthetician, Licensed Cosmetologist, and/or Cosmetic Coordinator have discussed with you and included again in these documents are the material risks, both common and uncommon, that they feel a reasonable person would want to know, understand, and consider in deciding if this treatment is something they would like to proceed with. Some risks cannot be foreseen. It is important that you read the information contained in each consent document and have all your questions answered before signing the consent. Questions and concerns can be answered in the office through a consultation appointment or by calling 847-459-6400.

Do not touch the equipment while in the room. Laser equipment is dangerous and a misfire could cause skin or eye damage that is permanent.

I have read all pages contained in this document and hereby authorize the following provider(s): Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. to perform the following procedure: Total Skin Solution (LUTRONIC GENIUS + LaseMD Ultra^{TM})

I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the provider(s) to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to photographic use for medical, scientific, and/or educational purposes for the appropriate portions of the face and/or body.

For purposes of advancing medical education, I consent to the admittance of observers to the procedure.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
THE ABOVE PROCEDURE TO BE UNDERTAKEN

THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
THERE ARE RISKS TO THE PROCEDURE PROPOSED
ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.