B 10 (Official Form 10) (12/11)			
UNITED STATES BANKRUPTCY	Court		PROOF OF CLAIM
Name of Debtor:		Case Number:	
ALC of New York LLC		11-13872	
NOTE: Do not use this form to make a	claim for an administrative expense that arises	after the bankruptcy filing. You	1
may file a request for pay	ment of an administrative expense according to	11 U.S.C. § 503.	
· · ·	tity to whom the debtor owes money or propert	y):	
Zufan Tsegai			COURT USE ONLY
Name and address where notices should Leandros A. Vrionedes, P.C.	be sent:		Check this box if this claim amends a previously filed claim.
381 Park Avenue South, Suite	701		
New York, New York 10016			Court Claim Number:(If known)
Telephone number: (212) 889-9362	email: LAV@VrionedesLaw.com		,
Name and address where payment shoul	d he cout (if different from chave)	RECEIVED	Filed on:
Name and address where payment should	d be sent (if different from above).		Check this box if you are aware that anyone else has filed a proof of claim
		JAN 03 2012	relating to this claim. Attach copy of statement giving particulars.
·			statement giving particulars.
Telephone number:	email:	BMC GROUP	
1. Amount of Claim as of Date Case F	iled: \$1,000,0	00.00	
If all or part of the claim is secured, com	plete item 4.		
If all or part of the claim is entitled to pr	iarity, complete item 5		
1			
Check this box if the claim includes in	terest or other charges in addition to the princip	al amount of the claim. Attach a	statement that itemizes interest or charges.
2. Basis for Claim: personal injui	ry/negligence		
(See instruction #2)		· · · · · · · · · · · · · · · · · · ·	,
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as	: 3b. Uniform Claim Identifi	ier (optional):
8 7 6 8	(Construction H2-N	(6	
<u> </u>	(See instruction #3a)	(See instruction #3b) Amount of arrearage and of	other charges, as of the time case was filed,
4. Secured Claim (See instruction #4)	secured by a lien on property or a right of	included in secured claim,	
	ts, and provide the requested information.		\$
Noting of monorty or right of otoff	☐Real Estate ☐ Motor Vehicle ☐ Other	Basis for perfection:	
Describe:	Dreal Estate Diviolor Venicle Dotner	Dasis for perfection.	
Value of Property: \$		Amount of Secured Claim:	: s
Total Control of the	-		
Annual Interest Rate% Trixe (when case was filed)	ed or □Variable	Amount Unsecured:	\$
(when case was incu)			
5 Amount of Claim Entitled to Priori	ty under 11 U.S.C. § 507 (a). If any part of t	ne claim falls into one of the foll	awing categories, check the hox specifying
the priority and state the amount.	iy ander 11 c.s.c. g so, (a). It any part of a	ic claim land into one of the for	owing caregories, eneck the box specifying
☐ Domestic support obligations under 1	1	o \$11,725*)	ons to an
U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	earned within 180 days before the case w	as filed or the employee bene	efit plan –
	debtor's business ceased, whichever is ea 11 U.S.C. § 507 (a)(4).	rlier – 11 U.S.C. § 50	Of (a)(5). Amount entitled to priority:
7 II- 4- 60 600# -5-1		And comition	ecify \$
Up to \$2,600* of deposits toward purchase, lease, or rental of property or	☐ Taxes or penalties owed to governmer 11 U.S.C. § 507 (a)(8).	tal units -	
services for personal, family, or househo		11 U.S.C. § 50	07 (a)().
use – 11 U.S.C. § 507 (a)(7).			00015
*Amounts are subject to adjustment on 4.	/1/13 and every 3 years thereafter with respect	to cases commenced on or after th	he date of adjustment.

6. Credits. The amount of all payments	on this claim has been credited for the purpose	of making this proof of claim. (S	ee instruction #6)

; ;

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) See attached Supplemental Bill of Particulars, Response to Combined Demands and Further DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. RESPONSE to Combined Demands If the documents are not available, please explain: 8. Signature: (See instruction #8) Check the appropriate box. I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, ☐ I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) or their authorized agent. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knewledge, information, and reasonable belief.

Print Name: Title: Company: Leandros A. Vrionedes (LV-2405)

Attorney Leandros A. Vrionedes, P.C.
Address and telephone number (if.different from notice address above):

381 Park Avenue South, Suite 701,

New York, New York 10016

Telephone number: (212) 889-9362 email: LAV@VrionedesLaw.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address: 15

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

(Date)

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was

Secured Claim Under 11 U.S.C § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim: Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is

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A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted. certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the $\,{\tt Mail}\,$ to: delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system

INFORMATION

(www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

United States Bankruptcy Court Attn: Claims 824 Market Street, 3rd Floor

Wilmington, DE 19801

SUPREME COURT OF THE ST COUNTY OF NEW YORK	ATE OF NEW YORK	
ZUFAN TSEGAI,	X	Index No. 100662/11
	Plaintiff,	SUPPLEMENTAL VERIFIED BILL
-against-		OF PARTICULARS
ALC OF NEW YORK, LLC and AMERICAN LASER CENTERS,		
	Defendants.	
elpe.	X	

PLEASE TAKE NOTICE, that plaintiff ZUFAN TSEGAI by her attorney, LEANDROS A. VRIONEDES, P.C., as and for their Supplemental Verified Bill of Particulars, to defendants provides as follows:

- The plaintiff presently resides at 2166 8th Avenue, Apt. 3B, New York
 New York 10026 and resided there at the time of the occurrence.
- 2. The plaintiff was born on /975 and bears a social security
- 3. The occurrence complained of took place on June 22, 2009 at approximately 6:30 P.M.
- 4. The plaintiffs injuries were sustained when the defendants negligently and carelesssly performed laser hair removal treatment on the plaintiff.
- 5. The occurrence complained of took place at the facility known as American Laser Center, 2030 Broadway, Suite 220, New York, New York 10023.
 - 6. The plaintiff Zufan Tsegai suffered the following personal injuries:

 Second degree burns to axillae, lower abdomen, vulva, groins and upper inner thighs;

Residual hyperpigmentation and scarring to lower abdomen and upper inner thighs;

Residual hyperpigmentation to axillae, vulva and groins;

Axillae: diffuse hyperpigmentation in and around the hair bearing area;

Lower abdomen: three transverse rows of 10 oblique hyperpigmented patches of indurated lumpy scar each 5 mm wide and 2 to 3 cm long;

Groins: hyperpigmentation from one upper thigh to the other, across the groin creases and vulva;

Upper inner thighs: a few oblique streaks of hyperpigmentation 5mm wide by 2 to 3 cm long..

The foregoing injuries directly affected the bones, tendons, tissues, muscles ligaments, nerves, blood vessels and soft tissue in and about the involved areas and sympathetic and radiating pains from all of which the plaintiff suffered, still suffers and may permanently suffer;

As a result of the accident and the injuries herein sustained, the plaintiff suffered a severe shock to her nervous system;

The foregoing injuries impaired the general health of the plaintiff;

The plaintiff verily believes that all of the injuries herein above sustained, with the exception of bruises and contusions, are permanent and progressive in nature;

The plaintiff may permanently suffer from the aforesaid injuries and from its effects upon her nervous system and may limit her activities in her employment and her life. Plaintiff may be restricted in her normal life and activities and may permanently require medical care and attention.

7. On the day following the treatment which caused the injuries the plaintiff returned to American Laser Center and was seen by a technician at the facility and photos were taken. A further treatment to the underarms was applied as well as certain lotions. The plaintiff was not confined to a hospital as a result of the injuries. The plaintiff received treatment from American Laser Center, following the occurrence and

from Ronald Levandusky, M.D., 2 5th Avenue, Suite 6, New York, New York 10011.

8. (a) The plaintiff was confined to (a) bed for approximately 8 days and to (b) home for three weeks following the occurrence.

9. Special Damages:

(a) Physicians Services:

approximately \$750.00;

(b) Hospital Expenses:

not applicable;

(c) Medical Supplies:

approximately \$100.00;

(d) X-rays & CAT Scans:

not applicable;

(e) Nürses Services:

not applicable;

(f) Domestic Service:

not applicable.

(g) Past Pain & Suffering:

\$500,000.00;

Future Pain & Suffering:

\$1,000,000.00.

- 10. The plaintiff was not a student at the time of the occurrence.
- 11. The plaintiff was not employed at the time of the occurrence and is not pursuing a lost wage claim.
- 12. The plaintiff was not employed at the time of the occurrence and is not pursuing a lost wage claim.
- 13. The plaintiff was not employed at the time of the occurrence and is not pursuing a lost wage claim.
- 14. The plaintiff was not employed at the time of the occurrence and is not pursuing a lost wage claim.
 - 15. There is no claim pursuant to the New York Workers Compensation Law.
 - 16. A disability claim has not been filed pursuant to Social Security laws.

17. The defendant herein was negligent as follows:

In negligently providing laser hair removal treatments to the plaintiff;

In negligently assessing plaintiff's skin type and color;

In negligently setting the laser hair removal instruments;

In failing to heed the plaintiff's complaints relating to the setting of the instrumentality;

In negligently applying the laser hair removal treatment to the plaintiff;

In failing to heed the plaintiff's complaints during the application of the treatment;

In negligently allowing the laser instrumentality to remain on the plaintiffs skin for an extended period of time causing burns;

In negligently causing burns to the plaintiff as a result of applying laser hair removal treatment.

- 18. Objection. Improper demand as they are not in conformity with the CPLR and in the form of interrogatories. See number 17 above.
- 19. Objection. Improper demand as they are not in conformity with the CPLR and in the form of interrogatories. See number 17 above.
- 20. Objection. Improper demand as they are not in conformity with the CPLR and in the form of interrogatories. See number 17 above.
- 21. Objection. Improper demand as they are not in conformity with the CPLR and in the form of interrogatories. See number 17 above.
- 22. Objection. Improper demand as they are not in conformity with the CPLR and in the form of interrogatories. See number 17 above.

- 23. Objection. Improper demand as they are not in conformity with the CPLR and in the form of interrogatories. See number 17 above.
- 24. Objection. Improper demand as they are not in conformity with the CPLR and in the form of interrogatories. See number 17 above.
- 25. The plaintiff received laser hair removal treatments to her underarms and bikini brazillian, including abdomen, on the date of the occurrence. The manufacturer and model of the instruments used are in the possession of the defendants.
- 26. It is not presently known whether the defendant had actual notice of any dangerous or defective condition relating to the instrumentality.
- 27. It is not presently known whether the defendant had actual notice of any dangerous or defective condition relating to the instrumentality. Actual notice is claimed, in that the defendant, through its officers, agents and/or employees caused and created the plaintiff's injuries in negligently assessing the plaintiff's skin type and color, in negligently setting the instruments involved and in negligently applying the laser treatment to plaintiff's skin. It is not presently known if there had been prior complaints relating to the employee or whether any prior disciplinary proceedings had occurred relating to prior treatments rendered by the same employee.
- 28. The plaintiff had been receiving treatments at that particular laser center sometime prior to the occurrence and the laser settings and procedures applied on the date of the accident were substantially different from those of previous treatment.
- 29. Constructive notice is claimed in that the plaintiff's skin type and color were assessed several times prior to the occurrence by the defendant and that this defendant should have known of the prior settings and should have taken steps to properly assess

the plaintiff's skin type and color and to properly set the laser instrumentality.

30. It is not presently known whether the defendant had actual notice of any

dangerous or defective condition relating to the instrumentality. Actual notice is claimed, in

that the defendant, through its officers, agents and/or employees caused and created the

plaintiff's injuries in negligently assessing the plaintiff's skin type and color, in negligently

setting the instruments involved and in negligently applying the laser treatment to plaintiff's

skin. It is not presently known if there had been prior complaints relating to the employee or

whether any prior disciplinary proceedings had occurred relating to prior treatments

rendered by the same employee.

31. The name of the person who caused and created the plaintiffs injuries is

presently not known but she is described as a Caucasian female, medium height, dark

brown eyes, with a husband in the army.

32. The plaintiff will claim that the defendants violated all statutes, rules,

regulations which this Court will take judicial notice of at the time of trial.

PLEASE TAKE FURTHER NOTICE that the plaintiff reserves the right to serve an

amended and/or supplemental Bill of Particulars in connection with all claims including

those of continuing special damages and disabilities.

Dated: New York, New York June /6, 2011

Yours, etc.,

LEANDROS A. VRIONEDES, P.C.

BY-LEANDROS A. VRIONEDES

Attorney for Plaintiff

381 Park Avenue South, Suite 701

New York, New York 10016

212-889-9362

AFFIDAVIT OF SERVICE

STATE OF NEW YORK, COUNTY OF NEW YORK

PAULETTE MASTANDREA, being duly sworn, deposes and says that I reside in Orange County, New York, am over the age of eighteen and not a party to this action.

That on September 7, 2011, deponent served the within SUPPLEMENTAL VERIFIED **BILL OF PARTICULARS upon:**

HERZFELD & RUBIN, P.C. 125 Broad Street New York, New York 10004

at the addresses designated by said attorney for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed wrapper in a post office, official depository under the exclusive care and custody of the United States post office department within the State of New York.

AULETTE MASTANDREA

Sworn to before me this 7th day of September, 2011

LEANDROS A. VRIONEDES
Notary Public, State of New York
No. 41-4959993
Qualified in Queens County
Commission Expires Dec. 18, 199

INDEX NO.: 100662/11	
SUPREME COURT : COUNTY OF NEW YORK	
ZUFAN TSEGAI, Plaintiff,	

-against-

ALC OF NEW YORK, LLC and AMERICAN LASER CENTERS,

	Defendants.
SUPPLEMENTAL VERIFIED I	BILL OF PARTICULARS

LEANDROS A. VRIONEDES, P.C.

Attorney for Plaintiff
Office and Post Office Address, Telephone
381 Park Avenue South, Suite 701
New York, New York 10016
212-889-9362

SUPREME COURT OF THE ST COUNTY OF NEW YORK		
ZUFAN TSEGAI,	X	Index No. 100662/11
-against-	Plaintiff,	FURTHER RESPONSE TO COMBINED DEMANDS
ALC OF NEW YORK, LLC and AMERICAN LASER CENTERS,		
; ;	Defendants.	
SIRS:	~X	

PLEASE TAKE NOTICE that the within is Plaintiffs Further Response to

Combined Demands as follows:

1. The narrative report of Ronald Levandusky, M.D. dated 6/10/11 with color photographs is annexed hereto.

PLEASE TAKE FURTHER NOTICE that the plaintiff reserves the right to amend and/or supplement her response.

Dated: New York, New York June 30, 2011

Yours, etc.,

LEANDROS A. VRIONEDES, P.C.

Attorney for Plaintiff
381 Park Avenue South, Suite 701
New York, New York 10016
212-889-9362

TO: HERZFELD & RUBIN, P.C. Attorney for Defendant ALC OF NEW YORK, LLC 125 Broad Street New York, New York 10004 212-471-8500

RONALD S. LEVANDUSKY, M.D., P.C.

PLASTIC AND RECONSTRUCTIVE SURGERY 2 FIFTH AVENUE, SUITE #6 NEW YORK, NY 10011-8855

(212) 889-6999 FAX (212) 473-7856 Fed. I.D. No. 13-3053402

Certified American Board of Plastic Surgery

10 June 2011

Leandros A. Vrionedes, PC Attorney at Law 381 Park Avenue South, Suite 701 New York, NY 10016

RE: Zufan Tsegai

D/A: 22 June 2009 D/E: 24 Nov 2009

Medical Report

HISTORY:

Ms. Zufan Tsegai appeared at my office for examination on 24 Nov 09, five months after her burns. She said she had had about six laser hair removal treatments at the American Laser Center, uneventfully until the last session, when there was much more pain than usual, and where blisters developed immediately wherever the laser struck. She said she treated the burns to her axillae, lower abdomen, groins and inner thighs with Aquaphor ointment until they healed, without infection, a few weeks later. She then avoided sun exposure to those areas ever since. She presently is unhappy with the darkened skin and the burn scars.

PHYSICAL EXAMINATION:

My examination on 24 Nov 2010 revealed a medium-brown-skinned lady with the following burn scars:

- 1) axillae: diffuse hyperpigmentation in and around the hair-bearing area
- 2) lower abdomen: three transverse rows of 10 oblique, hyperpigmented patches of indurated, lumpy scar, each 5mm wide and 2 to 3cm long
- 3) groins: hyperpigmentation from one upper thigh to the other, across the groin creases and vulva
- 4) upper, inner thighs: a few oblique streaks of hyperpigmentation 5mm wide by 2 to 3cm long

MEDICAL REPORT, Zufan Tsegai, 10 June 2011, p.2

DIAGNOSIS:

- 1) status/post six laser hair removal treatments, with second degree burns to axillae, lower abdomen, vulva, groins and upper inner thighs, from last treatment
- 2) residual hyperpigmentation and scarring to lower abdomen and upper inner thighs
- 3) residual hyperpigmentation to axillae, vulva and groins

PROGNOSIS:

The burn scars of the lower anterior abdomen and upper inner thighs, with their very abnormal oblique, parallel striations, are most likely permanent. The hyperpigmentation of the axillae and groins is probably permanent as well. There are no surgical options for treatment short of abdominoplasty, which would trade one group of scars for a very long, possibly hypertrophic one. Bleaching creams offer only temporary improvement, and cannot be used long-term because of potential toxicity.

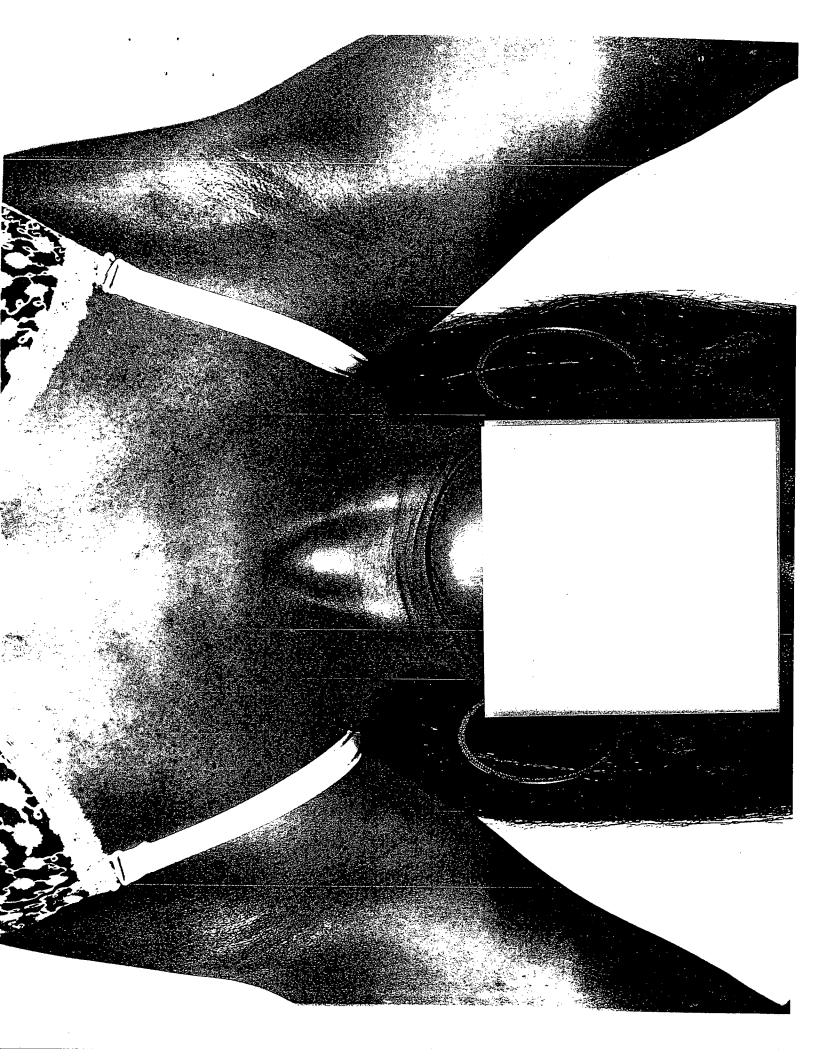
CAUSALITY:

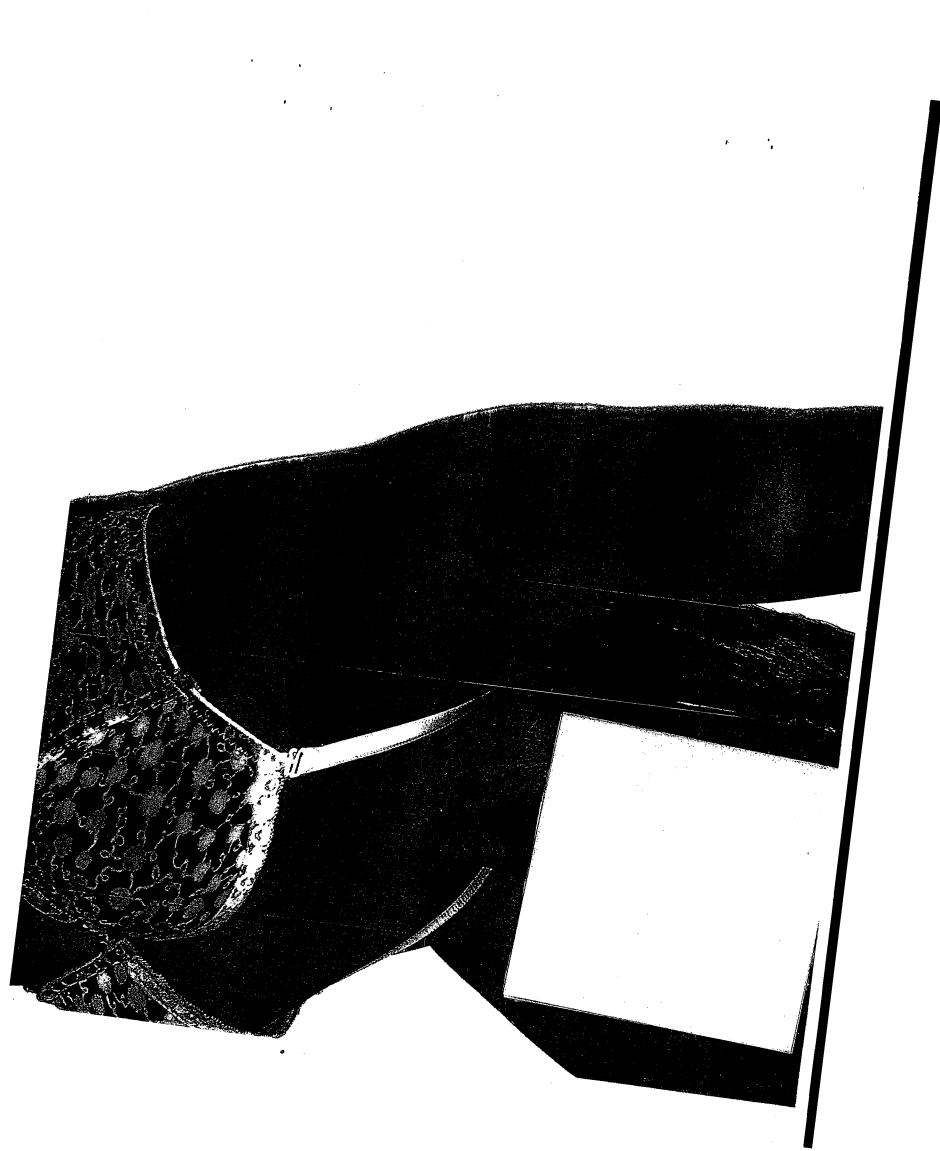
Within limits of reasonable medical certainly, the above-described hyperpigmentation and burn scars were caused by the sixth laser hair removal treatment of 22 June 2009. Very truly yours,

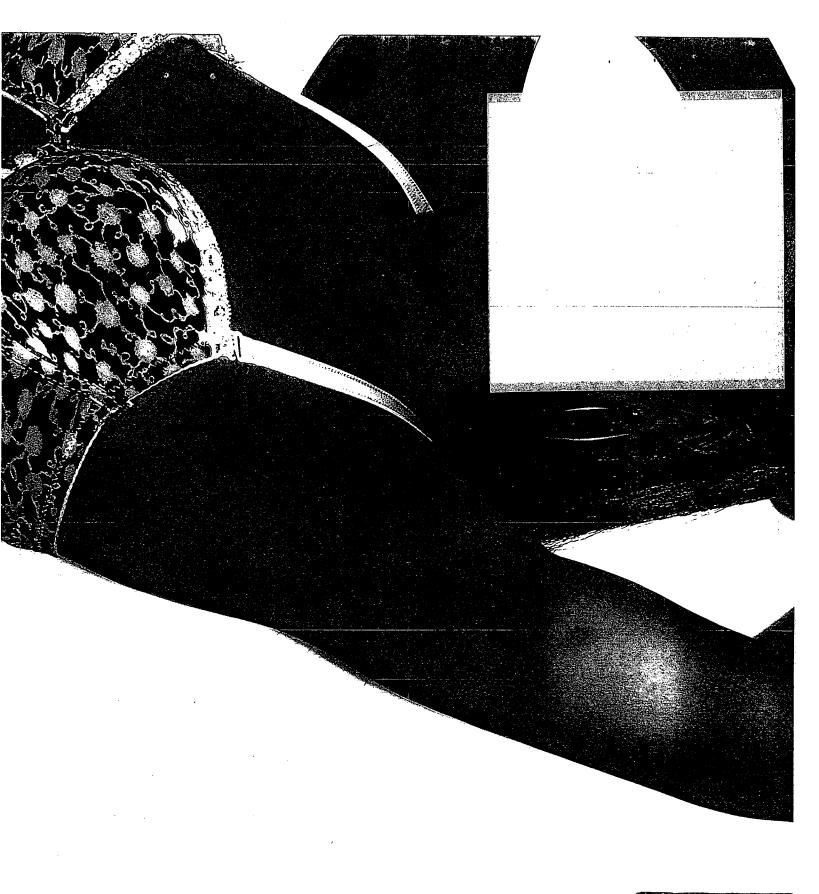
Rouald Twandusk M

Attending Plastic Surgeon

Beth Israel Hospital, Manhattan

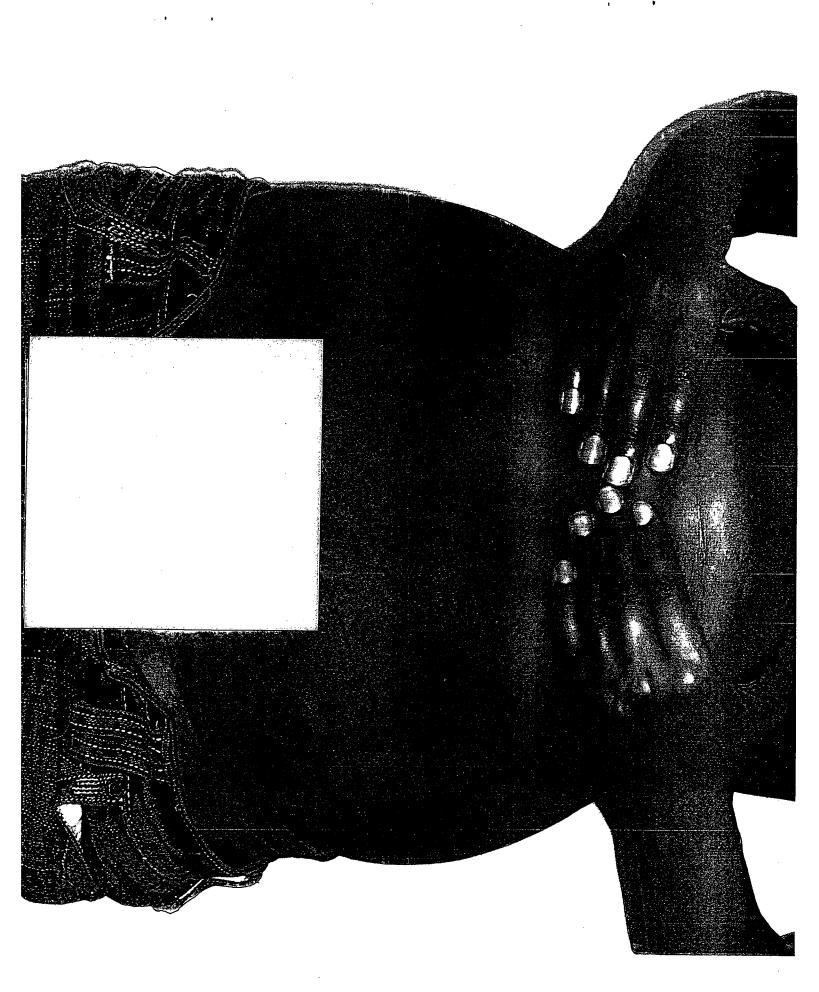


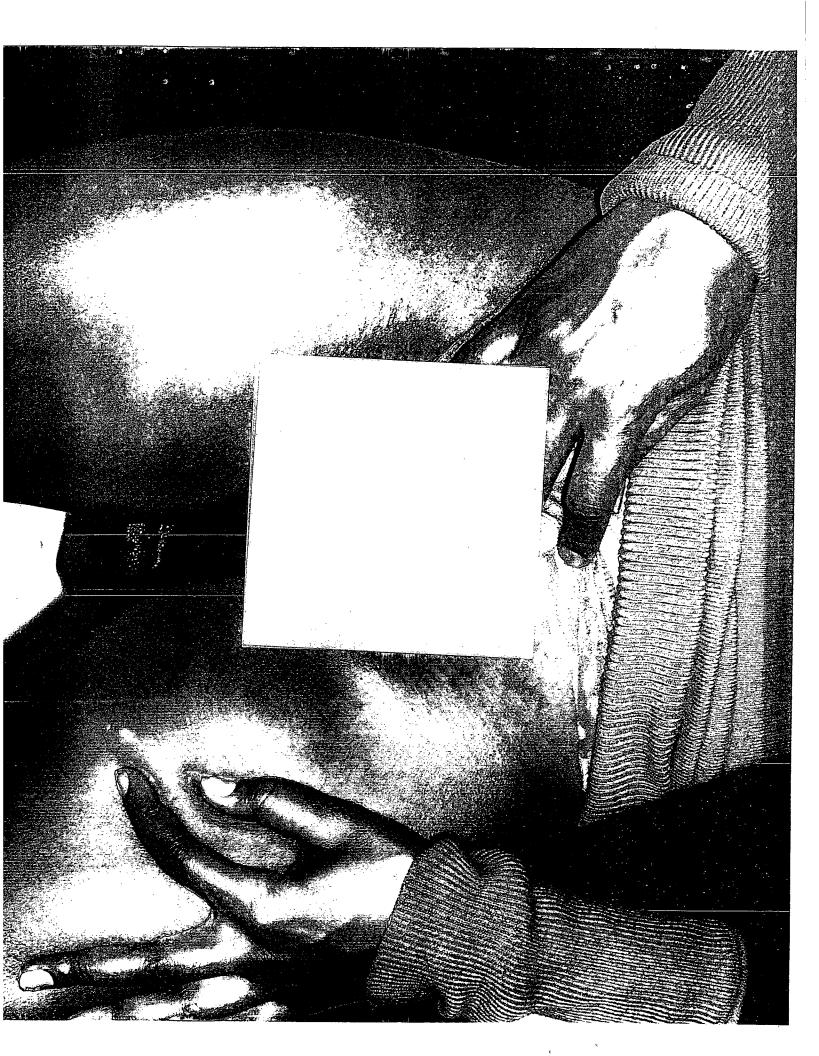


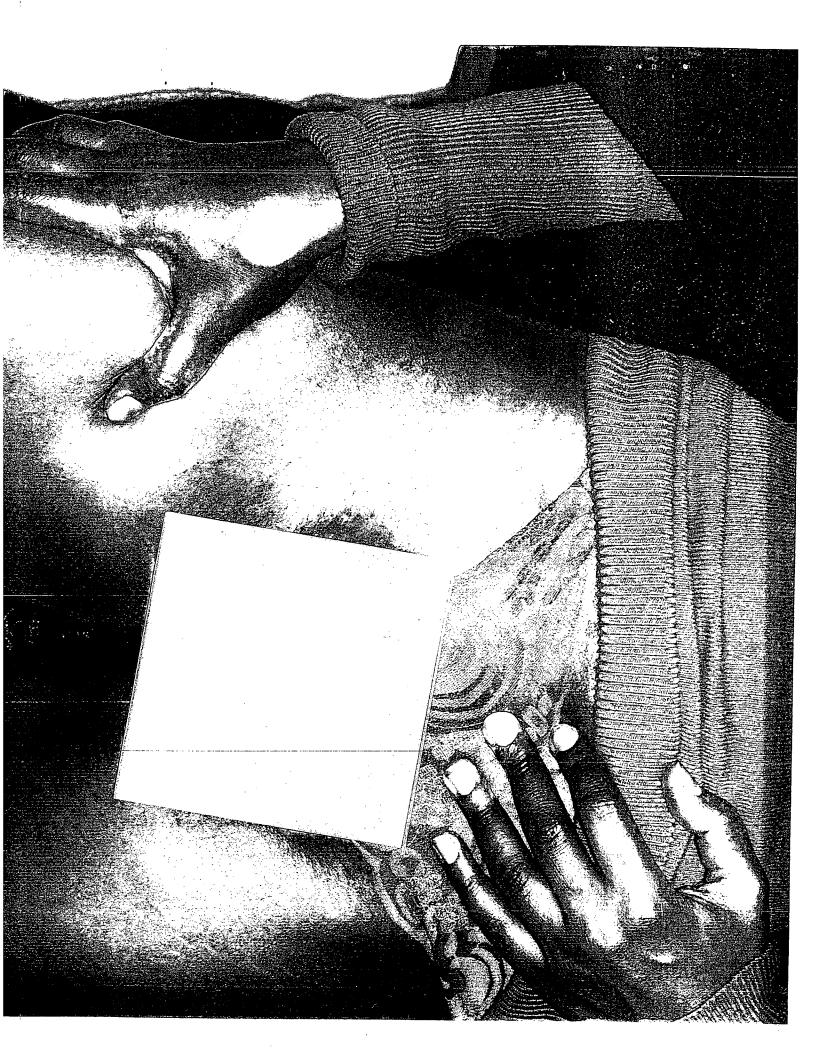












AFFIDAVIT OF SERVICE

STATE OF NEW YORK, COUNTY OF NEW YORK

PAULETTE MASTANDREA, being duly sworn, deposes and says that I reside in Orange County, New York, am over the age of eighteen and not a party to this action.

That on June 30, 2011, deponent served the within FURTHER RESPONSE TO COMBINED DEMANDS upon:

HERZFELD & RUBIN, P.C. 125 Broad Street New York, New York 10004

at the addresses designated by said attorney for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed wrapper in a post office, official depository under the exclusive care and custody of the United States post office department within the State of New York.

PAULETTE MASTANDREA

Sworn to before me this 2011

Notaty Public

LEANDROS A. VRIONEDES
Notary Public, State of New York
No. 41-4959993
Qualified in Queens County
Commission Expires Dec. 18, 199

SUPREME COURT OF THE ST. COUNTY OF NEW YORK		
ZUFAN TSEGAI,	Х	Index No. 100662/11
	Plaintiff,	RESPONSE TO COMBINED DEMANDS
-against-		
ALC OF NEW YORK, LLC and AMERICAN LASER CENTERS,		
	Defendants. X	
SIRS:	~ ~	

PLEASE TAKE NOTICE that the within is Plaintiffs Response to Combined Demands as follows:

- 1. The plaintiffs are not in possession of any party statements.
- 2. Photographs of the plaintiff's injuries taken on several dates. Photos taken on 6/24/09, 12/14/09 and 1/12/11.
- 3. Witnesses: The person who applied the laser treatment and the technician at the facility who provided treatment the following day. This information is in the control of the defendants.
- 4. The records from American Laser Centers from 6/10/06-6/23/09 that are in possession of the plaintiff are annexed hereto.
- 5. Aduly executed authorization for the treatment records of American Laser Centers is annexed hereto.
- 6. A duly executed authorization for the medical records of Ronald

 Levandusky, M.D., 25th Avenue, Suite 6, New York, New York 10011 is annexed hereto.

- 7. Objection. An authorization for the release of any social media pages maintained by the plaintiff will not be provided based on Romano v. Steelcase, Inc., in that the defendants have not made a showing that any of the posts in the public portions of the social media pages contain material that is contrary to her claims made in this action. In fact, such a demand is wholly premature in that there has been no discovery for the defendants to form any basis for this demand.
- 8. The plaintiff is not in possession of any accident or incident reports prepared in the ordinary course of business.
- 9. The plaintiff intends to call Ronald Levandusky, M.D., 25th Avenue, Suite 6, New York, New York 10011, plastic surgeon, as an expert at the time of trial of this matter. His reports and CV will be exchanged under separate cover.

PLEASE TAKE FURTHER NOTICE that the plaintiff reserves the right to amend and/or supplement their response.

Dated: New York June Q, , 2011

Yours, etc.,

-LEANDROS A. VRIONEDES, P.C.

BY LEANDROS A. VRIONEDES

Attorney for Plaintiff

381 Park Avenue South, Suite 701

New York, New York 10016

212-889-9362

TO: HERZFELD & RUBIN, P.C. Attorney for Defendant ALC OF NEW YORK, LLC 125 Broad Street New York, New York 10004 212-471-8500

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health/personal information (PHI) to carryout our treatment, payment or husiness operations (TPO) and for other purposes that are permitted or required by law. It also describes our rights to access and control your protected information. "Protected health/personal information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health/Personal Information

Uses and Disclosures of Protected Mealth/Personal Information

Your protected health/personal information may be used and disclosed by our medical director, our office staff and others outsid: of our office that are involved in your care and treatment for the purpose of providing health care services to you to support business operations of this office, if requested by you to a finance company to pay for your care, and any other use required by law.

Treat Tent: We will use and disclose your protected health/personal information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health/personal information, as necessary, if, as a result of our services, you remark treatment by a physician. Your protected health/personal information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

<u>Payment</u>: Your protected health/personal information will be used, if requested, to obtain payment for your services. For example, if you desire to finance the costs of your treatments, this may involve disclosing relevant protected private information in order to obtain approval.

Health: are Operations: We may use or disclose, as needed, your protected health/personal information in order to support the business activities of this office. These activities include, but are not limited to, quality assessment activities, employing review activities, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-ir school at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to see you. We may use or disclose your protected health/personal information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health/personal information in the following situations without your authorization. These situations include: as required by law; public health issues as required by law, communicable diseases; health oversigning abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coronors, functal directors and organ donation; research; criminal activity and national security; workers' compensation; inmates; required uses and disclosures. Under the law, we must make disclosure to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500.

Other Fermitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that this office has taken an action in reliance on the use or disclosure indicated in the authorization.

Patient initials



Treatment and

Financial Agreem

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Total	Price Discour 939: 10		Tax Total
			Vela Smooth Body Parts Hips & abdomen Thighs & Buttocks Arms Treatments 10 treatments 15 treatments 20 treatments Maintenance Package treatments
	. 10001	Package of 6 -paid i	PRICE SUBJECT TO CHANGE n full-2 year guarantèe
otal Price Treatment	\$2000	Pays per treatment Package of 5 FotoFac	- PRICE SUBJECT TO CHANGE tials/ S Microdermabrasions -paid in full
otal Price Product	s	Microdermabrasion Pays per treatment Rackage of 125	-PRICE-SUBJECT TO CHANGE
oral Price	\$	VelaSmooth	- PRICE SUBJECT TO CHANGE



Consent for Laser Hair Removal

American Laser Centers

This consent is designed to give To Series the information needed to make an informed decision to undergo LightSheer Diode Laser, Comet Diode Laser and Radiofrequency, or Aurora Intense Pulses: Light and Radiofrequency (IPL/RF) treatment for hair removal. Although Laser Hair Removal is quite effective, you require a series of treatments to reach the desired level of improvement. The hair often becomes thinner and lighter after each treatment. Please read this form to be sure you understand it completely before making your decision.

What is Laser Hair Removal?

A lase produces a beam of highly concentrated light. Different types of lasers produce different colors of light. The color of light produced by a particular laser is the key to its effect on hair follicles. The light emitted by the Light: heer Diode Laser, the Comet Diode Laser or the Aurora IPL/RF device is absorbed by the pigment locate: I in the hair follicle. The laser pulses for a fraction of a second, just long enough to vaporize the pigment, disabing several follicles at a time to eliminate or significantly impede the hair's growth. During each visit you will be questioned thoroughly regarding your medical history. During treatment sessions a laser light will be applicated to the hair areas. These areas may be photographed before each treatment. You must wear protective eyeglasses during the treatment to protect your eyes from the intense light.

Risks and Complications

Individual responses to treatment with the LightSheer The Diode Laser, The Comet Diode Laser, and Aurora IPL/RI device may vary. Some people may feel minimal discomfort during treatment, but this is for a short duration. Although a topical or local anesthetic may be used to eliminate or reduce any discomfort, most people can tolerate the treatment without anesthetic. After treatment, the area may feel similar to mild sunburn and the use of AmeriPure post laser lotion and AmeriPure 65spf sun block is mandatory throughout your treatment course.

Scarring: Whenever there is any disruption of the skin surface a rare possibility exists of hypertrophy scars (enlarged scars), and keloid scars (abnormal, heavy raised scar formation) for those with a predisposition if post treatment instructions are not followed. To avoid the chance of scarring, it is important that you follow all instructions carefully.

Blistering, scabbing: Should this occur you must contact our office immediately so that we can advise you and document the occurrence.

Pigment or Color Changes

Some clients have a predisposition to this type of reaction (darkening of skin) and may have experienced it with minor cuts or abrasions. To minimize the chances of skin darkening in the treated area, avoid sun tanning 3-4 week: before and 1 week after treatments. In some darker skin colors, darkening of the skin may occur even though the area has been protected from the sun. The darkening usually fades away in 1-4 months on its own, although a topical bleaching agent would be prescribed for quicker results. Rarely, however, the dark area becomes permanent. In some clients, the treated area may become lighter in color than the surrounding skin. This lightened area will gradually fade away and return to normal over a period of 1-4 months. Rarely, however, does lightening of the skin color become permanent.

Minitial/Dale ZT

Sun Tanning/Artificial Tanning

No fanning (sun or artificial) 3-4 weeks prior and 1 week after your treatment. AmeriPure 65 spf sun block is required for everyday sun exposure and those times you may have direct tanning.

Contraindications

Contraindications include pregnancy, accutane, epilepsy or those who have a history of seizures, diabetes (we do not treat below elbows or below knees), chemo or radiation therapy, pacemaker, internal defibrillator, any internal metal device (surgical screws, pins, plates or implants) in the area to be treated, HIV positive (a letter of clearance is needed), multiple sclerosis (a letter of clearance with confirmation that the area to be treated is not numb), scleroderma, lupus, sarcoidosis, children under the age of 12, treatment over numbness of any body part, over moles or lesions of any kind, over tattoos, port wine staire, under the eyebrows, or any orifice. Use of photosensitive medications may cause increased skin sen: fixivity to LightSheerTM Diode Laser or Aurora IPL/RF treatment.

Eye Exposure

While there is a risk of inadvertent harmful eye exposure to laser treatments, safeguards have been provided including the use of protective eyewear during treatment. It is important that you keep these protective goggles on at all times during the treatment.

Summary

You consultant has explained the theory of the LightSheerTM Diode Laser, the CometTM Diode Laser and the AuroraTM IPL/RF device, any risks, including possible complications and benefits. Alternative methods of removing excess hair are shaving, waxing, plucking, coloring, and electrolysis.

The minimum number of treatments for optimum results and our guarantee is six treatments. The consultant has also explained treatment protocols, laser safety and necessary precautions.

I have been given the opportunity to ask any questions and have received satisfactory answers.

I hereby authorize American Laser Centers to perform and assist in the LightSheerTM Diode Laser, the CorrectTM Diode Laser, and/or the AuroraTM IPL/RF treatment. I certify that I am a competent adult of at least TM 8 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal goardian will also be required before treatment. If agree to have photographs taken of me to document the progress of my treatments. I consent to the use of these photos for quality control and educational purposes.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form, and I have been given written Pre and Post Instructions, which I will adhere to regarding Laser Hair Removal. My signature acknowledges that I am informed.

Ratie nt Signature Zustundtus	Date / Time0611106
Paren1/Legal Guardian (# Patient is a Minor):	Date / Time
Witn as Signature Que Signature	Date / Time Colu Cic
Location: BRIGHTON	
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Consent for Microdermabrasion

American Laser Centers

- 1. I inderstand the purpose of Microdermabrasion is to help improve the vitality and texture of my skin through superficial removal of dead skin cells.
- 2. I understand that other procedures and home topicals may be advised in conjunction with Microdermabrasion to obtain best results.
- 3. Linderstand that Microdermabrasion is a cosmetic procedure that is not an exact science and that no guarantee of outcome can be made.
- 4. I understand that although rare, certain risks or complications could occur but are usually treatable and temporary, such as hyper pigmentation (darkening of the skin), hypo pigmentation (lightening of the skin), and scarring. Following all post procedure instructions will help avoid conditions. (See Post Instruction).
- 5. Lincknowledge that if I am prone to Herpes (cold sores, fever blisters) that I may need a prescription for Valtrex (acyclovir) from my physician prior to having microdermabrasion. I need to avoid treatments during a breakout.
- 6. 14 ve my permission for photos to be taken for the purpose of tracking my treatments.
- 7. Lacknowledge that I have not used Accutane during the last 6 months.
- 8. Linknowledge that I should avoid the use of AmeriPure Anti Oil, AmeriPure Cell Turnover, AmeriPure Sliin Lightener, and amino acid glycolic Retin-A type products the day before, day of, and 1-3 days for lowing treatment.
- 9. It ally understand all of the above. All questions have been answered and I give my permission for Netrodermabrasion treatment.
- 10. Please be aware that increased skin sensitivity may occur if you are taking photosensitive medications at or near the time of treatment.

I hereby authorize American Laser Centers to perform and assist in Microdermabrasion treatment. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian will also be required before treatment. I agree to have photographs taken of me to document the progress of my treatments. I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form, and I have been given written Pre and Post Instructions, which I will adhere to regarding Microdermabrasion. My signature acknowledges that I am informed.

Patie :: Signature	Date 06/11/06
Witness Signature (alla) van A	Date In 1100
Parerit/Legal Guardian Signature (If Patlent is a Minor):	Date
Location: BRIGH-ON	

revised 3/29/04



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	Guarante	Effective:		to	
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ed by the land of the date of to remove the 2	aser consultant/tentee: If at any ting your final treatmented has been guarantee	echnician for the g me you experience nent, please feel fre	you are currently	in the treated a	area within 2 years from American Laser Center
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Our Chara the date of to remove The 2 follow Test Ster Hor	aser consultant/tintee: If at any tintee: If at any tinted in the unwanted has year guarantee wing medications costerone modications mone medications	me you experience nent, please feel fre air, free of charge. is not applicable if , as hair growth ma	yuarantee to apply e any growth of he ee to make an app you are currently ay result.	air in the treated a pointment at any a	area within 2 years from American Laser Center

Please feel free to discuss any further questions with the laser consultant/technician or patient coordinator.



2 Year Guarantee

American Laser Centers

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Areas Treate	\sim		— —	disas	•	
		•	,			
Treatment	Dates:					
TX1:	TX2:	TX3:	TX4:	TX5:	TX6:	
	Guarantee	Effective:		to	·	

American Laser Centers guarantees all patients who complete the full treatment protocol of six treatment; will receive a 2 Year Guarantee. Patients must follow the recommended treatment course presented by the laser consultant/technician for the guarantee to apply.

Our Guarantee: If at any time you experience any growth of hair in the treated area within 2 years from the date of your final treatment, please feel free to make an appointment at any American Laser Center to remove the unwanted hair, free of charge.

- The 2 year guarantee is not applicable if you are currently taking, or begin taking any of the following medications, as hair growth may result.
- Testosterone
- Steroids
- Hormone medication
- Any medication deemed to cause unwanted hair growth

Pleas: feel free to discuss any further questions with the laser consultant/technician or patient coordinator.



Pre/Post Instructions for Laser Hair Removal

No wax ng, tweezing, coloring or depilatories on the treatment area during the entire course of your treatments. Shaving or clipping is permitted as often as desired.

- Use your AmeriPure Laser Lotion 3-4 times a day for 3 days after the treatment.
- Shave the treatment area the day of your treatment unless instructed otherwise. If you cannot shave, we will shave the area for you at an additional \$35 charge.
- No tailining of the treatment area at least 3-4 weeks prior to and 1 week after your treatment.
- Do not use on areas of Hair Removal: AmeriPure Cell Turnover, AmeriPure Anti Oil, AmeriPure Skin Light: ner, any exfoliation products or bleaching creams 2 days before and 2-4 days after treatment or until fill pinkness has subsided.
- If you have elected to use topical anesthetic, apply it to skin in accordance with the product instructions 1 hour before your scheduled appointment. The topicals are Elamax which can be purchased without a prescription or Emla which we will give or call in for you.
- Do not apply any creams, lotions, or deodorant on the area to be treated the day of treatment except for the face, which is easy to wash.
- Use AmeriPure SPF 60 or higher sun block during the course of treatments.
- You may experience a slight sunburn or razor burn feeling after a treatment. Though rare, a fine crust may develop in certain sensitive areas. In either instance, you may apply a cool compress along with your ameriPure Post Laser Lotion 3-4 times a day until resolved. This may last 1-3 days.
- Washing is permitted with a mild soap and tepid water. Never use hot water on freshly treated areas.
- The lairs that will die from your treatment will gradually work themselves out. Please do not pick, rub or scratch. This process can take up to 3-4 weeks.
- In any instance that the skin should blister, you must call our office so that we can arrange for an evaluation.
- If yo must cancel or reschedule your appointment, please contact the office at least 24 hours in advance. Otherwise, a \$35 cancellation fee may be applied, due to the high demand for treatment time.

If you have any questions or concerns, please contact us as soon as possible. We look forward to seeing you at your next appointment. Phone #:

I have read and understand the above instructions. In order to obtain the best results, I must follow these instructions diligently.

Patien:: Signature_

an Mar

07/19/06

Staff Lignature

Date



Post instructions - Microdermabrasion and/or FotoFacial*

American Laser Centers and/or Foto!

Than you for scheduling your FotoFacial /Microdermabrasion treatment with American Laser Centers. The fullowing instructions need to be followed diligently in order to obtain optimum results.

A col:I compress may be used on the treated area, apply 20 min on and 20 min off up to 24 hrs after treatment. Although extremely rare, if the area appears to be forming a blister, you must contact the office immediately so we can bring you in to evaluate the area and advise how to care for the area.

Do not use Retin A, Mederma, AmeriPure Anti Oil Gel, AmeriPure Cell Turnover, AmeriPure Skin Lightener or any exfoliating action products or skin lightening products, two days before, the day of, or two days after your treatment. If redness or irritation persists beyond 48 hours after treatment, you may need to writ another 24-72 hours.

Apply your AmeriPure Post Treatment Lotion 3-4 times each day until all pinkness has subsided.

You may use your daily moisturizer, daily cleanser and sun block the day before and day after treatment. Make up may be applied that evening if needed.

To which — use tepid water and apply cleanser with finger-tips, in a gentle circular motion. Do not use hot water until all redness has subsided.

Do net pick any scabs or dry skin that may appear. This may cause unwanted side effects as darkening of skin and/or scarring. Apply moisturizer or AmeriPure Post Treatment Lotion as often as needed and this will help minimize the dry effects.

Ame Fure sun block with SPF 65 is essential. Use daily through out the course of treatments. Direct sunbathing and suntan booths and self tanner should be avoided during the treatment course on the treatment area. If you are going to be in the sun, PROTECT the treatment area.

If yo must cancel or reschedule your appointment, please contact our office 48 hours in advance as a \$35 mancellation fee may be applied. This is due to the high demand for treatment time.

If yo, have any questions or concerns, please contact our office as soon as possible. We look forward to seein it you at your next appointment.

I have read and understand the instructions and realize to obtain the best results I must follow these instructions diligently.

Staff Date 6/0106

revised 7/21/04



Pre/Post Instructions for Laser Hair Removal

No waxing, tweezing, coloring or depilatories on the treatment area during the entire course of your treatments. Shaving or clipping is permitted as often as desired.

- Use your AmeriPure Laser Lotion 3-4 times a day for 3 days after the treatment.
- Shave the treatment area the day of your treatment unless instructed otherwise. If you cannot shave, we will shave the area for you at an additional \$35 charge.
- No 1.inning of the treatment area at least 3-4 weeks prior to and 1 week after your treatment.
- Do not use on areas of Hair Removal: AmeriPure Cell Turnover, AmeriPure Anti Oil, AmeriPure Skin Lightener, any exfoliation products or bleaching creams 2 days before and 2-4 days after treatment or unti all pinkness has subsided.
- If you have elected to use topical anesthetic, apply it to skin in accordance with the product instructions. I he is before your scheduled appointment. The topicals are Elamax which can be purchased without a prescription or Emla which we will give or call in for you.
- Do r at apply any creams, lotions, or deodorant on the area to be treated the day of treatment except for the face, which is easy to wash.
- Use AmeriPure SPF 60 or higher sun block during the course of treatments.

- You may experience a slight sunburn or razor burn feeling after a treatment. Though rare, a fine crust
 may develop in certain sensitive areas. In either instance, you may apply a cool compress along with
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- Washing is permitted with a mild soap and tepid water. Never use hot water on freshly treated areas.
- The hairs that will die from your treatment will gradually work themselves out. Please do not pick, rub or schatch. This process can take up to 3-4 weeks.
- In ar / instance that the skin should blister, you must call our office so that we can arrange for an evaluation.
- If you must cancel or reschedule your appointment, please contact the office at least 24 hours in advance. Otherwise, a \$35 cancellation fee may be applied, due to the high demand for treatment time.

If you have any questions or concerns, please contact-us as soon as possible. We look forward to seeing

I have read and un instructions diligen	derstand the above insti tly.	ructions. In order to ob	tain the best result	s, I must follow these
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Staff Signature	Mon	Naton	JJQ Date_	010/00



Post instructions Nicrodermabrasium and/or FotoFaris!*

American Laser Centers

Thar.s. you for scheduling your FotoFacial*/Microdermabrasion treatment with American Laser Centers. The 'cillowing instructions need to be followed diligently in order to obtain optimum results.

A co: I compress may be used on the treated area, apply 20 min on and 20 min off up to 24 hrs after treatment. Although extremely rare, if the area appears to be forming a blister, you must contact the offic: immediately so we can bring you in to evaluate the area and advise how to care for the area.

Do r : t use Retin A, Mederma, AmeriPure Anti Oil Gel, AmeriPure Cell Turnover, AmeriPure Skin Lightener or any exfoliating action products or skin lightening products, two days before, the day of, or two days after your treatment. If redness or irritation persists beyond 48 hours after treatment, you may need to writ another 24-72 hours.

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Do not pick any scabs or dry skin that may appear. This may cause unwanted side effects as darkening of skin and/or scarring. Apply moisturizer or AmeriPure Post Treatment Lotion as often as needed and this will help minimize the dry effects.

AmeriPure sun block with SPF 65 is essential. Use daily through out the course of treatments. Direct sunk athing and suntan booths and self tanner should be avoided during the treatment course on the treatment area. If you are going to be in the sun, PROTECT the treatment area.

If you must cancel or reschedule your appointment, please contact our office 48 hours in advance as a \$35 cancellation fee may be applied. This is due to the high demand for treatment time.

If you have any questions or concerns, please contact our office as soon as possible. We look forward to seeing you at your next appointment.

Our thone # is ()

I have read and understand the instructions and realize to obtain the best results I must follow these instructions diligently.

Clier

Cilei

Staff

Date

Date

Item #209



American Laser Centers

!tem #2€2

Client History

Please print			
Date:			
Name: Z-ilyan Tsiegau	Date of Birth:	_	- 35
Address:S Chesters #2 city: _	ALSION S	tate: NA	L Zip: <u>D213</u>
Home Phone ell Phone:	E-mail:	3	
If you are in erested in receiving American Laser Center's news and	promotions please p	rovide us wi	th your e-mail add
How did you hear about us? <u>IF EN live</u>			
Occupation: Chinical Document specialis	+- Work Pho	ne:	
Name of Company: Light			
What method of payment is best for you?	C Credit Card	□ Check □ Cash	
What type of treatment are you interested in?	AHair Removal	M ∕Skin	Rejuvenation
· · · · · · · · · · · · · · · · · · ·	-		
What areas on your face and/or body?	- Jace		
Please cheric the appropriate answer for yourself			
re you pregnant?		₩ Yes	⊠ N'o
o you have :: pacemaker?		Yes	SI No
o you have any metal surgical implants?		¥ Ycs	O No
lave you been diagnosed with any autoimmune disease?		Yes	ØŃO
re you taking accutane or any sun-sensitive medications?		☐ Yes	'92 No
re you on chemo or radiation therapy?		→ Yes	⊠ Nο
o you have a history of seizures?		☐ Yes	Ø No
o you have a history of cold sores or herpes virus?		□ Yeş	S INO
ave you been diagnosed with diabetes?		Yes	12FNo
o you take aspirin on a regular basis OR take any blood thinners?		⊔ Yes	∕ No
you have a thyroid condition?		Yes	A No
o you have + hormone condition?		☐ Yes	ΆΣ Νυ
o you have a history of numbness on any part of your face or body?		ے Yes	S No
re you allergic to xylocaine or novocaine?		☐ Ycs	DKNO
re you allergic to latex?		Yes	X-No
o you a history of keloid scarring?		☐ Yes	DX No
ease list medications you take (prescribed or over the counter):			
ease list afforgies to medications:			······································
ease list your hobbies:			
have answered all questions to the best of my knowledg	e.	1	
ient Signature: 24704424	Date: ,	5/3/1	06
		(-)	~_ ~

muland 7/25/05



Skin

1. How would you describe your skin?
Dry Normal Oily Combination Acne-prone
2. How does your skin react to the sun?
3. How often are you cleansing your skin? 2/day
4. How often do you exfoliate your skin?
S. What are your skin concerns? Simples dark spars
6. What products are you using? New Tippenon
7. Arm you happy with your current skin care program? It could get beffer
8. Do you receive professional facial treatments? If so, please describe: Seldom.
9. What ultimate results do you want to achieve for your skin? Lest Complection



American Laser Centers Skin Type Assessment

कोती प्रोडी प्रथम विकास के विकास कर एक कर एक प्रथम का विकास के का का का का किए हैं कि कि

Genetic Pisposition

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What is the color of your eyes?	4	Light blue, Green	Gray.	B.J.e	Dark Brown	The state of the s
the family of the state and the factors.						
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Court Labor Labor 3						O COUNTY
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Reaction to Sun Exposure

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What happens when overexposed to the sun?		Rechoss (B) stenng/Prets Bister ng/Pesting		Burns Sometimes/Peels Rarely Burns	Rarely Burns	Nover Sums
To what degree does your skin turn crown?	·	Hardwinol at all	Links Color Too	Mading Top		
	ľ					LOTE LOTE STOWN CE :CKIY
Do you tum brown within several hours after sun exposure?	4	Never	Seldom	Soniesimes	Ohen	Allways
	F					
How does your lace react to the sun ?		Very Sensitive	Sensitive	Normal	Very Resistant	Yo Problem
	ĺ					

Tanning Habits

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When was your last exposure to sun, lamos or cream?	More than 3 months	2 to 3 marths	1 to 2 months	Less than it month	ess then 2 weeks
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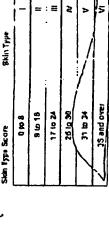
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187-077-00 Revision Onle: 7/21/05 JA'TE OF PRINTING 7/05

contraindications. **Each body part must have its own treatment form.
**Clients must be on AmeriPure Home Medical Strength Products for Optimum Results.
 Is client on AmeriPure Skin Care? If no, then introduce products to your client. Give written product instructions.
2. Hains photos been taken?
3. Is F!: tan BY YOUR ASSESSMENT? INO YES Date of last exposure
4. Pt comments from previous treatment:
5. How long did client stay pink?
6. Has client ever had cold sore in treatment area? NO YES
If yes, does pt have Valtrex? INO TYES Did you give a prescription for Valtrex? INO TYES
Treatment Setting: 340
Post Treatment Skin Reaction
Did yene apply AmeriPure Post Laser Lotion & sun block NO YES
Have host Instructions have been given verbally and written? I NO TYES
Pt must be given HIPAA form at the first treatment. Has HIPAA form been given? NO YES
Will dent be starting any new AmeriPure products? Please list:
Notes
I verify that this form is complete and correct. State Date Date
revised 7/21/04

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Item #223

	→Review all of the questions before continuing this form. Do not do treatment if there are any contraindications.
	**Each body part must have its own treatment form. **Clicats must be on AmeriPure Home Medical Strength Products for Optimum Results.
	1. Is client on AmeriPure Skin Care? If no, then introduce products to your client. Give written product instructions.
	2. Have photos been taken?
	3. Is just tan BY YOUR ASSESSMENT? NO TYES Date of last exposure
	4. Pt comments from previous treatment:
	S. Hew long did client stay pink?
	6. Has client ever had cold sore in treatment area?
	If was, does of have Valtrex? [] NO [] YES Did you give a prescription for Valtrex? [] NO [] YES
	Treatment Setting: 40/40
	Post Treatment Skin Reaction
ł	Did you apply AmeriPure Post Laser Lotion & sun block NO YES
y	Have Post Instructions have been given verbally and written? NO YES
	Pt ir list be given HIPAA form at the first treatment. Has HIPAA form been given? 🔲 NO 🧠 YES
	Will dient be starting any new AmeriPure products? Please list:
	Notes:
	I verify that this form is complete and correct.
	Stall Oate / Date / Date

Item #223

	be done at correct intervals. Enter reason if treatment is not at correct interva
1. Is client on Ameri	iPure Skin Care? If no, then introduce products to your client.
	make sure all FF clients are using AmeriPure products)
3. Have photos been	n taken? NO YES air removal and FF treatments)
4. Is client tan BY YC	OUR ASSESSMENT? NO YES Date of last exposure
5. C ent comments	from previous treatment:
	nt slay pirik? Any concerns from last treatment?
7. D.d client use elan	max? NO YES If yes, wipe off with water thoroughly
	d cold sore in treatment area?
Test Settings: J/cm_/	0. 12 RF 20 - 25 6 s ISM lowest-highest) 1.2
Lightsheer: J/cm	
Treatment Area:	
	RF L S ISL ISM (lowest-highest)
Light:heer: //cm	msec
Was ice pack applied?	NO TYES If no, why?
Were goggles worn by	y the client during the treatment? NO YES Initials
Post Leatment skin re	action:
	nent Lotion & sun block applied? NO YES
	been given verbally and written? NO YES
ost Instructions have	HIPAA form at the first treatment. Has HIPAA form been given? NO TYES
Client must be given t	•
Client must be given t	



Applications v

Accounting v

Monday, April 26, 2010 HR v ALC Learning v

Marketing v

Call Center v

ALCPartner Scheduler Application 3 Welcome afrench: [Logout] Email

ALL CHARTS for a Patient

Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic.

Action:

[Return To Client Charting]

Patient Chart ID 219664292663 History

Chart ID#:

219664292663

Date Created:

2006-10-24 16:28:59.373

Transactions Processed

Date Actioned	Action Taken	Actioned By
2006-10-24 16:28:53.92	Verified Hipaa/Consent Forms Signed	ALCMA52
2006-10-24 16:28:59.373	Step I Completed	ALCMA52
2006-10-24 16:28:59.373	Chart Created	ALCMA52
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2006-10-24 16:29:11.513	Skin Type Assessment Submited	ALCMA52
2006-10-24 16:29:40.983	Step 3 Completed	ALCMA52
2006-10-24 16:29:40.983	Treatment Record Q1 Completed	ALCMA52
2006-10-24 16:29:57.78	Step 4 Completed	ALCMA52
2006-10-24 16:29:57.78	Treatment Record Q2 Completed	ALCMA52
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2006-10-24 16:31:12.717	Treatment Record Settings Completed	ALCMA52
2006-10-24 16:32:54.06	Photo Uploaded	ALCMA52
2006-10-24 16:34:17.51	Step 5 Completed	ALCMA52
2006-10-24 16:34:17.51	Treatment Record Settings Completed	ALCMA52
2006-11-18 11:38:22.093	Step 5 Completed	ALCMA52
2006-11-18 11:38:22.093	Treatment Record Settings Completed	ALCMA52

Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic.

Step 1:

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Announcements

Scheduler v SiteMap

Accounting v

ALC Learning v

Marketing v Call Center v

Ameripure v

1 - 2 - 3 - 4 - 3

Create Chart For Patient

QUICK LINKS >>

Click Here To Select v

Procedures

Select Procedure(s) for Chart: Microderm

* Please select the procedure that will be treated in this chart.

9 to 16

17 to 24

25 to 30

31 to 34

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Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic. Step 2: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] **American Laser Centers Intranet** Monday, April 26, 2010 Announcements Scheduler v Accounting v ALC Learning v Marketing v Call Center v Ameripure v Applications v QUICK LINKS >> Click Here To Select v Skin Type Assessment Form **1** - **2** - **3** - **4** - **5** Please verify the questions highlighted in this color are correct before proceeding. **Genetic Disposition** 1. What is the color of your eyes? O Light Blue, Green O Gray O Blue O Dark Brown ⊕ Brown/Black 2. What is your natural hair color? O Sandy Red O Blonde O Chestnut/Dark Blonde O Dark Brown ⊕ Black 3. What is the color of your skin? ○ Reddish O Very Pale O Pale O Light Brown Dark Brown 4. Do you have freckles? O Many Several O Few Incidental None Reaction to Sun Exposure 1. If you where over exposed to the sun how would your skin react? Redness/Blistering/Peels O Never Burns Blistering/Peeling O Burns Sometimes/Peels 2. To what degree does your skin turn brown? O Harldy/Not At All O Light Color Tan O Medium Tan O Tans Easily 3. Do you turn brown within several hours after sun exposure? O Seldom O Never Sometimes Often Always 4. How does your face react to the sun? Very Sensitive Sensitive Normal O Very Resistant O No Problem Tanning Habits 1. When was your last exposure to sun, lamps or cream? O More Than 3 Months O 2 to 3 Months O 1 to 2 Months O Less Than 1 Month 2. Was the treatment area exposed? O Never O Hardly Ever Sometimes Often Always Heritage If Father is of African American or East Indian descent add ☑ 10 Points If Mother is of African American or East Indian descent add ☐ 10 Points If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add ☐ 5 Points Summary **Total Score** Update Assessment Skin Type Score 45 Skin Type Score Skin Type 0 to 8

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Americ	an Laser Cei	nters Intranet	Ī		Monday, April 2	6. 2010		A	-CPartr	er Sche	duler Ap	picatio
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameri	pure v		afrench mail	: [rogo
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Patient Inforn Patient Name:	Zu	fan Tsegai VI		•								
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kin Type:	VI		j									
lease fill out	•											
. Have you b	een diagnosed	with diabetes, lu	pus, sarcoidosi	s, cancer,	skin disorder, seiz	ure disorder, nu	mbness in the a	rea to be	treate	ed, HI\	/ positi	ve
or multiple If YES, plea	scierosis?* Case specify: N	Yes [©] No			······································							ļ
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If YES, plea	e a pacemaker se specify: N	or any internal n	netal device?*	O Yes G	No							
. Am you or	داستخه بمدد مه	ou may be pregna			·							ļ
	JO YOU UNINK YO	ou may be pregna	int?* • Yes	♥ No								ł
. Have you e	er had a cold	sore in treatment	area?* O Yes	. ⊕ No								
If YES, do y	ou have Valtre	x at home? O	Yes [⊙] No									ł
Please list a	Il medications,	even those over-	the-counter me	edications	and medicinal her	bs you take:						1
N/A					J							
Are you tan?	y∗ O Yes ⊚	No										
Over a mont	our last sun ex	posure, ser-tann	ing lotions app	ied, and/o	r tanning booth e	oposure to the a	rea we will treat	today?*				
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/24/2006	(SET	IN	20	-40	\		u	pdate Q	Jestionna	eire>	

Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic. Step 4: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 **Announcements** Scheduler v Accounting v ALC Learning v Marketing v Call Center v Email SiteMap QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 2** 1 - 2 - 3 - 4 - 3 **Patient Information** Patient Name: Zufan Tsegai VI Treatment Area: Microderm Treatment Number: Skin Type: Please fill out questions 1-8 2. Have photos been taken?* [©] Yes ^O No (Take before all treatments) 3. Is patient tan BY YOUR ASSESSMENT?* O Yes O No Date of last exposure: More Than A Month 4. Client comments on improvement: 0 - 9% None 5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment 6. Did patient use topical anesthetic cream?* O Yes O No If yes, wipe off with water thoroughly. $^{7.}$ Does the patient have keloid scarring?* $\,^{\circ}$ Yes $\,^{\odot}$ No Update Questionnaire 2 --->

^{*} These Are Required Fields



Scheduler v Database v Monday, April 26, 2010

ALCPartner Scheduler Application 3 Welcome afrench: [Logout]

Site Map

Accounting v

ALC Learning v

Marketing v

ALL CHARTS for a Patient

Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic.

[Return To Client Charting]

Patient Chart ID 219664292663 History

Chart ID#:

219664292663

Date Created:

2006-10-24 16:28:59.373

Action Taken	Actioned By
Verified Hipaa/Consent Forms Signed	ALCMA52
Step 1 Completed	ALCMA52
Chart Created	ALCMA52
Step 2 Completed	ALCMA52
Skin Type Assessment Submited	ALCMA52
Step 3 Completed	ALCMA52
Treatment Record Q1 Completed	ALCMA52
Step 4 Completed	ALCMA52
Treatment Record Q2 Completed	ALCMA52
Chart Laser Test Settings Submitted	ALCMA52
Step 5 Completed	ALCMA52
Treatment Record Settings Completed	ALCMA52
Photo Uploaded	ALCMA52
Step 5 Completed	ALCMA52
Treatment Record Settings Completed	ALCMA52
Step 5 Completed	ALCMA52
Treatment Record Settings Completed	ALCMA52
	Verified Hipaa/Consent Forms Signed Step 1 Completed Chart Created Step 2 Completed Skin Type Assessment Submited Step 3 Completed Treatment Record Q1 Completed Step 4 Completed Treatment Record Q2 Completed Chart Laser Test Settings Submitted Step 5 Completed Treatment Record Settings Completed Photo Uploaded Step 5 Completed Treatment Record Settings Completed Photo Uploaded Step 5 Completed Treatment Record Settings Completed Treatment Record Settings Completed Step 5 Completed

Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic.

HR v

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Scheduler v

Accounting v

ALC Learning v

Marketing v

Call Center v

Ameripure v

Create Chart For Patient

QUICK LINKS >> 1 - 2 - 3 - 4 - 3

Click Here To Select v

Procedures

Select Procedure(s) for Chart: Microderm

* Please select the procedure that will be treated in this chart.

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American Laser Cente	ers Intranet		Manday 4-4 34		ALCPa	rtner Sched	uler Application
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Applications v SiteMap	, assuming	• • • • • • • • • • • • • • • • • • • •	ACC LOGITING V	Marketing v Ca	il Center v Ameripure	v Em	p#1
					QUICK LINKS >>	Click	Here To Select
Skin Type Assessment	Form				1) - (2)-(3)-	4) - (3)
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		Piease	verify the quest	ions highlighted in	this color are correc	t before p	roceeding.
Genetic Disposition 1. What is the color of your ey	.ac?						
O Light Blue, Green	O Gray	O Blue		O Dark Beaus	a B (B)		
2. What is your natural hair co		0 5.00		O Dark Brown	⊚ Brown/B	ack	
 Sandy Red 	 Blonde 	O Chestr	ut/Dark Bionde	O Dark Brown	⊙ Black		
3. What is the color of your ski	in?	-		O	O DIOCK		·
 Reddish 	 Very Pale 	Pale		O Light Brown	Dark Bron	wn	Į
4. Do you have freckles?					·		l
○ Many	 Several 	○ Few		 Incidental 	None		ľ
Reaction to Sun Exposure	- 44 4.		_				1
 If you where over exposed t Redness/Blistering/Peels 							1
2. To what degree does your si	O Blistering/Peeling	O Burns	Sometimes/Peels		O Never Bu	rns	j
O Harldy/Not At All	O Light Color Tan	O Mediun	Tan	O Topo Facilia			
3. Do you turn brown within se	veral hours after sun ex	posure?		Tans Easily		k Brown Q	uickly
O Never	O Seldom	O Someti	mes	O Often			ĺ
4. How does your face react to	the sun?	•		O Oiteii	@ Always		
∨ery Sensitive	 Sensitive 	O Normal		O Very Resistan	t O No Proble	m	
Tanning Habits				•	0 110 110010	•••	}
L. When was your last exposure	e to sun, lamps or cream	?					1
O More Than 3 Months	O 2 to 3 Months	0 1 to 2 M	fonths	O Less Than 1 M	lonth ⊚ Less Than	2 Weeks	
2. Was the treatment area expo							-
O Never	O Hardly Ever	 Someting 	nes	Often			-
leritage						7	
f Father is of African American or I					☑ 10 Points		
f Mother is of African American or	East Indian descent add				☐ 10 Points		
Latin American, Asian-Pacific Isla	inders, Mediteranean, or n	ative or indice	nous to the Ameri	cae add		1	
				Ca3 au0	☐ 5 Points	ا	
ımmary							
otal Score kin Type Score 45		Update Assess	ment				

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Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic. Step 4: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Database v Accounting v HR v ALC Learning v Marketing v Call Center v Ameripure v Email SiteMap QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 2 1** - **2** - **3** - **4** - **5 Patient Information** Patient Name: Zufan Tsegai VI Treatment Area: Microderm **Treatment Number:** Skin Type: Please fill out questions 1-8 1. Is patient on AmeriPure Skin Care?* $^{\odot}$ Yes $^{\circ}$ No $^{\circ}$ If no, then introduce products to your patient. 3. Is patient tan BY YOUR ASSESSMENT?* O Yes O No Date of last exposure: More Than A Month 4. Client comments on improvement: 0 - 9% None 5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment? 6. Did patient use topical anesthetic cream?* ○ Yes ○ No If yes, wipe off with water thoroughly. 7. Does the patient have keloid scarring?* O Yes O No Update Questionnaire 2 --->

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Zufan Tsegai VI (Patient ID 219564) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic. ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Database v Accounting v ALC Learning v Marketing v Call Center v Ameripure v Applications v SiteMap QUICK LINKS >> Click Here To Select v **Treatment Record Laser Settings** 1 - 2 - 3 - 4 - 3 Client Information Microdermabrasion Chart Patient Name: Zufan Tsegai VI Skin Type: DOB: 10/20/75 **Hair Color:** Black Center Name: Upper West Treatment Area: Microderm Technician: (Employee ID) 829073 Is Client Tan?: NO Microdermabrasion Chart Settings ID Date **Body Part** Treatment Settings 219664292663 10/24/2006 Face 219664292663 10/24/2006 Face - 40 Notes Answer Questions 1-4 1. Post Treatment skin reaction? 2. AmeriPure Post Treatment Lotion applied? 2a. AmeriPure sun block applied? 3. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct. Staff Signature: 10/24/2006 Update Chart

Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic. Action:

[Return To Client Charting]

Patient Chart ID 219664292663 History Chart ID #: 219664292663

Date Created:

2006-10-24 16:28:59.373

Transa	ctions	Processed
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2006-10-24 16:34:17.51	Treatment Record Settings Completed	ALCMA52
2006-11-18 11:38:22.093	Step 5 Completed	ALCMA52
2006-11-18 11:38:22.093	Treatment Record Settings Completed	ALCMA52

Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic.

Step 1:

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Announcements

Scheduler v

ALC Learning v

Call Center v

Email

Accounting v

QUICK LINKS >>

Click Here To Select v

Create Chart For Patient

1 - 2 - 3 - 4 - 5

Procedures

Select Procedure(s) for Chart: Microderm

* Please select the procedure that will be treated in this chart.

р 3:			1						
Ame	rican Laser (Centers Intranet			Monday, April 2	6, 2010		ALCPartne We	er Scheduler Applicat Icome afrench: [Lo
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••••••							QUIC	K LINKS >>	Click Here To Se
Treatmen	t Record	Questionnaire	1					10-20-	3-4-5
Patient Info Patient Nan Treatment / Treatment i	ne: Area:	Zufan Tsegai VI Microderm 1				se verify the o	questions highli	ghted in this o	color are correc
Skin Type:		VI							
	ut questions								
		sed with diabetes, le	ipus, sarcoidosi:	s, cancer,	skin disorder, seiz	ure disorder, nu	imbness in the a	rea to be treate	d, HIV positive
	pie scierosis?* please specify:	O Yes ⊗ No N/A							
,		<u></u>		O	·				
Do you i	nave a pacema please specify:	ker or any internal r	netal device?*	∪ Yes ^e	No	 -			
, .		<u> </u>							
- Are you	or do you thin	k you may be pregna	ant?* ^O Yes	⊚ No					
4. Have you	u ever had a o	old sore in treatment	area?* O Yes	. ⊕ No					
-		Itrex at home?		, 140					
		ons, even those over		edications	and medicinal her	he vou take:			
N/A		,		COICCOCIO	and medicinal no	os you take.			
	an?* O Yes s your last su onth	[⊙] No n exposure, self-tann	ning lotions app	lied, and/o	or tanning booth e	xposure to the	area we will treat	today?*	
7. Are you	on Accutane?*	 ○ Yes ® No							
8. Have you If YES, p	had any hom ease specify:	nonal changes includ	ing menopause	?* ^O Ye	o No				
9. Are you o If YES, pl	n chemo or ra ease specify:	diation therapy?* (N/A	O Yes ® No						
10. Do you ha	ave vitiligo or	a history of vitiligo?*	∘ o Yes ⊚ N	0					
ate:	Signature:				····				
0/24/2006		SET	- N	76	1+0	` `		Update Qu	Jestionnaire>

^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic. Step 4: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Database v Accounting v HR v ALC Learning v Marketing v Call Center v Ameripure v SiteMap QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 2** 10 - 22 - 33 - 43 - 33 **Patient Information** Patient Name: Zufan Tsegai VI **Treatment Area:** Microderm Treatment Number: Skin Type: Please fill out questions 1-8 2. Have photos been taken?* ^(a) Yes ^(b) No (Take before all treatments) 3. Is patient tan BY YOUR ASSESSMENT?* O Yes O No Date of last exposure: More Than A Month 4. Client comments on improvement: 0 - 9% None 5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment 6. Did patient use topical anesthetic cream?* O Yes O No If yes, wipe off with water thoroughly. 7. Does the patient have keloid scarring?* ○ Yes ○ No

Update Questionnaire 2 --->

^{*} These Are Required Fields

Ameri	can Laser Ce	nters Intranet			Monday,	Anril 25	2010			4				plication : [Logo:
Announcements	Scheduler v	Database v	Accounting v	HR v	ALC Learnin		, 2010 Marketing v	Call Cente	rv	Ame	ripure v		mail	: [Logot
Applications v	SiteMap								QUICK I	INKO		~		
Treatment	Record La	ser Settings	1					·	ZOICK		_	_	- 4	o Seled · (S)
Client Inform	nation				Micr	oderm	abrasion Char	-		$\stackrel{\smile}{-}$				$\stackrel{\smile}{\dashv}$
Patient Name	e:	Zufan Tsegai	VI		1 1	Type:		VI						
DOB:					1 1	Color		Black						
Center Name	:	upper west			Trea	tment	Area:	Microde	m					- 1
Technician: (Employee ID)	829073			Is a	ient T	an?:	NO						
diorodormoh	rasion Chart S	-411												
# ID	asion Chart S	Date	Body Pa	net .	Treatme	ert Cod	tinac		ר					
	64292663	10/24/2006	Face		30	40	Cary -		1					
	64292663	10/24/2006	Face		30	- 40			1					
Inswer Quest		n?									,			
1. Post Treatme														
1. Post Treatme			⊕ Yes ○ No											
1. Post Treatme PINK	ost Treatment L	otion applied?	Yes O No											
1. Post Treatme PINK 2. AmeriPure Po		• •												
1. Post Treatme PINK 2. AmeriPure Po 2a. AmeriPure s	sun block applie	• •	No	st treatme	nt? [⊚] Ye	s ⁰ 1	No							
1. Post Treatme PINK 2. AmeriPure Po 2a. AmeriPure s 3. Post Instruct	sun block applie	ed? [®] Yes [©] given verbally an	No d written-on fir	st treatme	nt? [⊚] Ye	s ⁰ 1	No							
1. Post Treatme PINK 2. AmeriPure Po 2a. AmeriPure s 3. Post Instruct	sun block applie	ed? ® Yes ○	No d written-on fir	st treatme	nt? [⊚] Ye	s ° 1	No							
1. Post Treatme PINK 2. AmeriPure Po 2a. AmeriPure s 3. Post Instruct I verify that th	sun block applie	ed? • Yes • given verbally an	No d written-on fir	st treatme	nt? [©] Ye	s ⁰ 1	No							·

Zufan Tsegai VI (Patient ID 219664) Chart number 219664344536. Chart completed on 11/18/2006 for treatment at the Brighton MA clinic. Action:

[Return To Client Charting]

Patient Chart ID 219664344536 History Chart ID#: 219664344536 Date Created: 2006-11-18 13:34:50.64

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2006-11-18 13:34:46.94	Verified Hipaa/Consent Forms Signed	ALCMA52
2006-11-18 13:34:50.64	Step 1 Completed	ALCMA52
2006-11-18 13:34:50.64	Chart Created	ALCMA52
2006-11-18 13:34:54.767	Step 2 Completed	ALCMA52
2006-11-18 13:34:54.767	Skin Type Assessment Submited	ALCMA52
2006-11-18 13:35:53.957	Step 3 Completed	ALCMA52
2006-11-18 13:35:53.957	Treatment Record Q1 Completed	ALCMA52
2006-11-18 13:36:31.333	Step 4 Completed	ALCMA52
2006-11-18 13:36:31.333	Treatment Record Q2 Completed	ALCMA52
2006-11-18 13:37:07.68	Chart Laser Test Settings Submitted	ALCMA52
2006-11-18 13:37:39.103	Step 5 Completed	ALCMA52
2006-11-18 13:37:39.103	Treatment Record Settings Completed	ALCMA52
2006-11-18 13:38:09.777	Step 5 Completed	ALCMA52
2006-11-18 13:38:09.777	Treatment Record Settings Completed	ALCMA52
2006-11-18 13:44:06.01	Photo Uploaded	ALCMA52

Zufan Tsegai VI (Patient ID 219664) Chart number 219664344536. Chart completed on 11/18/2006 for treatment at the Brighton MA clinic.

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Announcements Applications v

Scheduler v

Accounting v HR v ALC Learning v

Marketing v

Call Center v

Create Chart For Patient

QUICK LINKS >>

Click Here To Select v

1 - 2 - 3 - 4 - 3

Procedures

Select Procedure(s) for Chart: Microderm

* Please select the procedure that will be treated in this chart.

Zufan Tsegai VI (Patient ID 219664) Chart number 219664344536. Chart completed on 11/18/2006 for treatment at the Brighton MA clinic.

Ameri	<u>can Laser Cen</u>	ters Intranet			Monday, April 26	, 2010		ALCPartne We	er Scheduler Application
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
	ON UNITED						QUI	CK LINKS >>	Click Here To Sele
Skin Type	Assessmen	t Form						(1) - (2) -	(3) - (4) - (5)
				Plea	se verify the quest	one highlight	ad in this colo		9 9
Genetic Dispo	anial a m				sa ramy the quest			are correct by	erore proceeding.
	e color of your	eyes?							
O Light E	Blue, Green	Gray		O Blue	:	O Dark Br	rown	⊚ Brown/Black	•
2. What is you	ur natural hair (color?				-			
Sandy	Red	Blond	e	O Che	stnut/Dark Blonde	Dark Br	nwo	Black	
3. What is the	color of your	skin?						-	4
 Reddis 	sh	O Very	Pale	Pale		O Light Bi	nown	 Dark Brown 	
4. Do you hav	e freckles?					-		-	
O Many		 Sever 	al	O Few		 Inciden 	tal	None	
Reaction to Si 1. If you when	un Exposure re over exposed	to the sun ho	w would you	r skin rea	ct?				
	ss/Blistering/Pee		ring/Peeling		s Sometimes/Peels		Burns	O Never Burns	1
2. To what de	gree does your	skin turn brow	n?					•	
	/Not At All		Color Tan		um Tan	O Tans Ea	sily	⊙ Turns Dark E	rown Quickly
3. Do you turn	brown within	several hours a	fter sun expe	osure?			•	•	Quickly
O Never		 Seldor 	m	O Som	etimes	O Often			
4. How does y	our face react t	to the sun?				-			ì
Very Se	ensitive	 Sensit 	ive	O Nom	nal	O Very Re	sistant	O No Problem	1
Tanning Habit	s					,		•	i
1. When was y	our last exposi	ure to sun, lam	ps or cream?						1
	nan 3 Months	O 2 to 3	Months	0 1 to	2 Months	O Less Tha	n 1 Month	⊚ Less Than 2	Weeks
2. Was the trea	atment area ex	posed?				-		•	
O Never		O Hardly	Ever	O Some	etimes	Often		Always	
Heritage									
If Father is of Af	rican American o	or East Indian de	scent add					☑ 10 Points	
If Mother is of A	frican American	or East Indian de	escent add					☐ 10 Points	
If Latin America:	n, Asian-Pacific I	slanders, Medite	ranean, or nat	ive or ind	igenous to the Amer	icas add		☐ 5 Points	
ummary		_							
Fotal Score Skin Type Score	e 45			Update Ass	essment				
Type 3con	G 43	٦							
Skin Type Score	e Skin Type	ן							
0 to 8	- 1	1							
9 to 16	- II	1							
17 to 24 25 to 30	- III	1							
23 to 34	- 1v	I							

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	•						QUIC	K LINKS >>	Click Here To Select
Treatment	Record Qu	estionnaire	1					10 - 20 -	3-4-3
Patient Inform		fan Tsegai VI							
Treatment Are		roderm	j		Ple	se verify the q	uestions highli	ighted in this	color are correct
Treatment Nu					bet	ore proceeding	•		
Skin Type:	VI								
Please fill out	questions 1-1	.0						····	
1. Have you t	een diagnosed	with diabetes, lo	upus, sarcoidosi	s, cancer,	skin disorder, seiz	ure disorder, nu	mbness in the a	rea to be treate	ed. HIV positive
	sclerosis?*		•						o, it is positive
	ase specify: N								1
2. Do you have		or any internal r		0 4 6					1
If YES, ple	e a pacemaker ase specify: N	or any internal r	netal device?*	∨ Yes	No No				Ī
2									
Ane you or	do you think yo	ou may be pregn	ant?* OYes	No					İ
4			^	•					
•		sore in treatment		s [©] No					ļ
If YES, do y	ou have Valtre	x at home? O	Yes [®] No						Ì
Please list a	II medications,	even those over	-the-counter m	edications	and medicinal he	bs you take:			
N/A]			
6. Are vou tan	?* ^O Yes	No							1
When was	our last sun ex	cposure, self-tanı	ning lotions app	lied, and/	or tanning booth e	xposure to the a	rea we will treat	today?*	j
Over a mon	h	•						. 10007.	1
7. Ama you on	Accutane?* O	Vac @ Na							
	accutante:	162 - 140							
8. Have you ha	d any hormona	al changes includ	tina menopause	7* O Ye	s ⊕ No				
If YES, plea	se specify: N//	1							1
9. 1		d 4b 3+ 1	0 4 0 4						
If YES, pleas	nemo or radiatise specify: N/A	tion therapy?*	Yes No						
					·				1
10. Do you have	vitiligo or a hi	story of vitiligo?	∗ OYes ⊚ N	0					
ate: Sio	nature:								
			-				·····		
									1
1/18/2006								Undate O	vestionnaire>
1/18/2006								Update Ot	vestionnaire>

These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664344536. Chart completed on 11/18/2006 for treatment at the Brighton MA clinic. Step 5: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v **Announcements** ALC Learning v Database v Accounting v HR v Marketing v Call Center v Ameripure v Email Applications v SiteMap QUICK LINKS >> Click Here To Select v Treatment Record Laser Settings **(1) - (2) - (3) - (4) - (5)** Client Information Microdermabrasion Chart Patient Name: Zufan Tsegai VI Skin Type: VI DOR: Hair Color: Black Center Name: Upper west Treatment Area: Microderm Technician: (Employee ID) 829085 Is Client Tan?: NO Microdermabrasion Chart Settings ID **Body Part** Treatment Settings 219664344536 11/18/2006 Face 40 - 40 Notes **Answer Questions 1-4** 1. Post Treatment skin reaction? 2. AmeriPure Post Treatment Lotion applied? 2a. AmeriPure sun block applied? [⊙] Yes [○] No 3. Post Instructions have been given verbally and written-on first treatment? ● Yes ○ No I verify that this form is complete and correct. Date: Staff Signature: 11/18/2006 **Update Chart**

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399248. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Action:

[Return To Client Charting]

Patient Chart ID 219664399248 History
Chart ID #: 219664399248
Date Created: 2006-12-14 17:46:48.61

Transactions Processed	-	
Date Actioned	Action Taken	Actioned By
2006-12-14 17:46:26.183	Verified Hipaa/Consent Forms Signed	ALCMA52
2006-12-14 17:46:48.61	Step I Completed	ALCMA52
2006-12-14 17:46:48.61	Chart Created	ALCMA52
2006-12-14 17:46:59.877	Step 2 Completed	ALCMA52
2006-12-14 17:46:59.877	Skin Type Assessment Submited	ALCMA52
2006-12-14 17:47:21.033	Step 3 Completed	ALCMA52
2006-12-14 17:47:21.033	Treatment Record Q1 Completed	ALCMA52
2006-12-14 17:52:01.71	Step 4 Completed	ALCMA52
2006-12-14 17:52:01.71	Treatment Record Q2 Completed	ALCMA52
2006-12-14 17:52:40.997	Chart Laser Test Settings Submitted	ALCMA52
2006-12-14 17:54:30.503	Step 5 Completed	ALCMA52
2006-12-14 17:54:30.503	Treatment Record Settings Completed	ALCMA52
2006-12-14 17:56:28.153	Photo Uploaded	ALCMA52

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399248. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

American Laser Centers Intranet

SiteMap

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Applications v

Scheduler v

Accounting v HR v ALC Learning v

Marketing v

Call Center v

Ameripure v

Email

Create Chart For Patient

QUICK LINKS >> **①** - ② - ③ - ④ - ⑤

Click Here To Select v

Procedures

Select Procedure(s) for Chart:
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Γr	eatment Rec	ord Qu	estionnaire	1					10-20-	3-4-5
	tient Informatio					-				
	tient Name: eatment Area:		an Tsegai VI ns Under			Plea	se verify the q	uestions highli	ahted in this	color are correct
	eatment Number	: 1				befo	re proceeding			are correct
sk	in Type:	VI								
Ple	ase fill out ques	ions 1-1	0							
1.	Have you been	diagnosed	with diabetes, lu	ipus, sarcoidosi	is, cancer,	skin disorder, seiz	ure disorder, nu	mbness in the a	rea to be treate	d. HIV positive
	or multiple scle	osis?* ^C	Yes [⊙] No				·			o, v posicive
_	If YES, please s	ecify: (N/	Α							
2.	Do you have a p If YES, please s	acemaker ecify: N/	or any internal r	netal device?*	O Yes @	No No				
3.	Are you or do yo	u think yo	u may be pregna	ent?* O Yes	⊙ No	•				
4.	Have you ever h				s [⊚] No					
	If YES, do you h	ve Valtre	x at home?	Yes [⊙] No						
5.	Please list all me	dications,	even those over	-the-counter m	edications	and medicinal her	bs you take:			į
5.	Are you tan?* Owner was your I	Yes [©]	No posure, self-tanr	ning lotions app	lied, and/o	r tanning booth e	xposure to the a	rea we will treat	today?*	
7.	Are you on Accut	ane?* O	Yes [⊙] No							
	Have you had an If YES, please sp	hormona cify: N/A	l changes includ	ing menopause	?* ^O Yes	⊚ No				
).	Are you on chemi	or radiat	ion therapy?* (Yes [⊙] No						
0.	Do you have vitili	o or a his	tory of vitiligo?*	○ Yes ⊚ N	0					
ate	: Signatu	re:						•		
	-									
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2/1	4/2006								Ī	1
									Update Qu	estionnaire>
										1

1 , Zufan Tsegai VI (Patient ID 219664) Chart number 219664399248. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

p 4:								
American Laser Centers Intranet			Monday, April 26, 2010				ALCPartner Scheduler Application Welcome afrench: [Log	
Announcements Schedul Applications v SiteMap	er v Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
						QUIC	K LINKS >>	Click Here To Sel
Treatment Record	Questionnaire	2					10-20-	3-4-5
Patient Information Patient Name: Treatment Area: Treatment Number:	Zufan Tsegai VI Arms Under 1							
Skin Type:	VI							
Please fill out question	s 1-8			······································				
1. Is patient on AmeriPu	re Skin Care?* [©] Ye	s O No Ifr	no, then in	troduce products t	o your patient.			
2. Have photos been tak								
3. Is patient tan BY YOUI Date of last exposure:	R ASSESSMENT?* O			,				
4. Client comments on h	air reduction: 0 - 9% !	Vone		<u> </u>				
 How long did patient s Any concerns from las N/A]					
		O v 0 N-	If you					
 Did patient use topical 	anesthetic cream?*	res Vivo	II yes, i	wipe off with water	r thoroughly.			

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^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399248. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic. Step 5: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 **Announcements** Scheduler v Accounting v HR v ALC Learning v Marketing v Call Center v Ameripure v Applications v SiteMap QUICK LINKS >> Click Here To Select v **Treatment Record Laser Settings** 1 - 2 - 3 - 4 - 5 Client Information Laser Hair Removal Chart **Client Name:** Zufan Tsegai VI Skin Type: DOB: Hair Color: Black Center Name: Treatment Area: Arms Under Technician: (Employee ID) 829086 Is Client Tan?: NO Laser for Procedure Aurora/Amerilight Selected (NEW) Laser Test Area
Test Area 219664399248 Face - Left forehead or behind ears **Laser Test Settings** # ID Skin Type RF OF P Type ISL ISM Laser F 20 219664399248 12/14/2006 F 10 Ħī 3 Long 10 Aurora/Amerilight 1 25 (NEW) Laser Hair Removal Chart Settings Date Skin Type RF OF P Type ISL ISM 3 219664399248 12/14/2006 25 12 Long 10 1 - 7 Aurora/Amerilight (NEW) Notes **Answer Questions 1-5** 1. Was dient double passed? ○ Yes ○ No 1a. Was skin type changed (if skin type I - III)? \circ Yes \circ No 2. Was ice pack applied? 3. Post Treatment skin reaction? 5. Post Instructions have been given verbally and written-on first treatment?

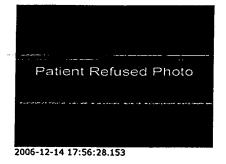
O Yes O No I verify that this form is complete and correct. Date: Staff Signature: 12/14/2006 Update Chart

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399248. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 6/Photos: Chart # 219664399248 Photos

Zufan Tsegai VI

[Close Window]



Zufan Tsegai VI (Patient ID 219664) Chart number 219664399273. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Action:

[Return To Client Charting]

Patient Chart ID 219664399273 History

Chart ID#:

219664399273

Date Created:

2006-12-14 17:54:42.317

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2006-12-14 17:54:38.817	Verified Hipaa/Consent Forms Signed	ALCMA52
2006-12-14 17:54:42.317	Step 1 Completed	ALCMA52
2006-12-14 17:54:42.317	Chart Created	ALCMA52
2006-12-14 17:54:42.333	Step 2 Completed	ALCMA52
2006-12-14 17:54:42.333	Skin Type Assessment Submited	ALCMA52
2006-12-14 17:54:42.44	Step 3 Completed	ALCMA52
2006-12-14 17:54:42.44	Treatment Record Q1 Completed	ALCMA52
2006-12-14 17:54:42.503	Step 4 Completed	ALCMA52
2006-12-14 17:54:42.503	Treatment Record Q2 Completed	ALCMA52
2006-12-14 17:55:10.913	Chart Laser Test Settings Submitted	ALCMA52
2006-12-14 17:55:58.62	Step 5 Completed	ALCMA52
2006-12-14 17:55:58.62	Treatment Record Settings Completed	ALCMA52
2006-12-14 17:56:11.823	Photo Uploaded	ALCMA52

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399273. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 1:

Announcements

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout] Email

Applications v

SiteMap

Call Center v

Ameripure v QUICK LINKS >>

Click Here To Select v

1 - 2 - 3 - 4 - 3

Create Chart For Patient

Procedures

Select Procedure(s) for Chart: Bikini Brazilan

* Please select the procedure that will be treated in this chart.

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// America	an Laser Cen	ters Intranet			Monday, April 2	6, 2010		ALCPart V	ner Scheduler . Velcome afrend	Application
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v		an Leago
	•						QUI	ICK LINKS >>	Click Here	e To Selec
Skin Type A	ssessmen	t Form						1)-(2)	- (3) - (4)) - (S)
		11-21- 21-2-		Please	verify the quest	ions highlighte	ed in this colo	or are correct	before proc	
Genetic Dispos 1. What is the		eyes?							· · · · · · · · · · · · · · · · · · ·	
O Light Blo		○ Gray		O Blue		O Dark Br	0w0	6 Prove /Pla	-1.	
2. What is your				0 5.00		O Dark Bit	JWII	⊕ Brown/Black	CK	
O Sandy R		O Blon	de	○ Chest:	nut/Dark Blonde	O Dark Bri		O Black		1
3. What is the	color of your s			O Chesti	ind Dark Dionide	O Dark Bri	DWII	Black		ı
O Reddish 4. Do you have		O Very	Pale	O Pale		O Light Br	own	Dark Brown	n	
O Many	reckies	0 500	1							
Reaction to Sun	Exposure	O Seve		O Few		O Incident	al	None		ĺ
1. If you where	over exposed	to the sun ho	w would you	r skin react	?					I
	/Blistering/Peel		ering/Peeling	Bums	Sometimes/Peels		urns	O Never Burn	s	i
2. To what degr		skin turn brov	vn?		•					1
O Harldy/N			Color Tan	Mediur	n Tan	 Tans Eas 	sily	Turns Dark	Brown Ouick	klv
3. Do you turn b	prown within :	several hours	after sun exp	osure?						
O Never		Seldo	m	 Somet 	imes	Often		Always		1
4. How does you		o the sun?						-,-		l
∨ery Sen	sitive	Sensi	tive	Norma	f	O Very Res	istant	O No Problem		!
Tanning Habits						•				- 1
1. When was you	ur last exposu	re to sun, lam	ps or cream?							- 1
More That	n 3 Months	O 2 to 3		0 1 to 2	Months	O Less Tha	n 1 Month	⊕ Less Than 2	Wasks	1
2. Was the treat	ment area exp	osed?				0		© 0033 (Mg// 2	WEEKS	i
O Never		O Hardi	y Ever	Someti	mes	Often				
Heritage										
If Father is of Afric	can American o	r East Indian d	escent add					☑ 10 Points		
f Mother is of Afri										
								☐ 10 Points		
r Latin American,	Asian-Pacific Is	slanders, Medite	eranean, or nat	ive or indige	enous to the Amer	icas add		☐ 5 Points		
ummary										
Total Score		7		Hadas Asses						
ikin Type Score	45]	1 10	Update Assess	ment					
6kin Type Score 0 to 8 9 to 16	Skin Type - I - II									
17 to 24	- iii									

if 155

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399273. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic. Step 3: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Accounting v HR v ALC Learning v Marketing v Call Center v Applications v QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 1 11 - 22 - 33 - 44 - 35 Patient Information** Patient Name: Zufan Tsegai VI Please verify the questions highlighted in this color are correct Treatment Area: Bikini Brazilian Treatment Number: before proceeding. Skin Type: Please fill out questions 1-10 1. Have you been diagnosed with diabetes, lupus, sarcoidosis, cancer, skin disorder, seizure disorder, numbness in the area to be treated, HIV positive or multiple sclerosis?* O Yes O No If YES, please specify: N/A Do you have a pacemaker or any internal metal device?* O Yes O No If YES, please specify: N/A Are you or do you think you may be pregnant?* ○ Yes ◎ No Have you ever had a cold sore in treatment area?* ○ Yes ⊙ No If YES, do you have Valtrex at home? O Yes ⊙ No Please list all medications, even those over-the-counter medications and medicinal herbs you take: Are you tan?* ○ Yes ◎ No When was your last sun exposure, self-tanning lotions applied, and/or tanning booth exposure to the area we will treat today?* 7. Are you on Accutane?* O Yes ⊙ No Have you had any hormonal changes including menopause?* O Yes O No If YES, please specify: N/A Are you on chemo or radiation therapy?* O Yes O No If YES, please specify: N/A Do you have vitiligo or a history of vitiligo?* ○ Yes ⊙ No Date: Signature: 12/14/2006

* These Are Required Fields

Update Questionnaire --->

р 4:									
Ameri	can Laser Ce	nters Intranet			Monday, April 2	6, 2010		ALCPartne We	r Scheduler Application Icome afrench: [Logo:
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
							QUIC	K LINKS >>	Click Here To Select
Freatment	Record Q	uestionnaire	2					10-20-	3-4-5
Patient Infor									
Patient Name Treatment Ar	•	Zufan Tsegai VI Bikini Brazilian							
Treatment Nu		1							
Skin Type:		VI							
Nanaa Ell aud									
Please IIII out	questions 1-	8							
	•		O No Ifn	o, then in	troduce products t	o vour patient.			
1. Is patient o	on AmeriPure Si	kin Care?* [©] Yes				o your patient.			
 Is patient of Have photo Is patient t 	on AmeriPure Si s been taken?* an BY YOUR AS		(Take before			o your patient.			
 Is patient of Have photo Is patient to Date of last 	on AmeriPure Si s been taken?* an BY YOUR AS exposure: [M	kin Care?* [©] Yes [©] Yes [©] No SESSMENT?* [©]	(Take before : Yes [©] No			o your patient.			
Is patient of Have photo Is patient to Date of last Client comm How long diany concern	on AmeriPure Si s been taken?* an BY YOUR AS exposure: M nents on hair re	kin Care?*	(Take before : Yes [©] No			o your patient.			
1. Is patient of 2. Have photo 3. Is patient to Date of last 4. Client comm 5. How long di Any concern N/A	on AmeriPure Si s been taken?* an BY YOUR AS exposure: M nents on hair re id patient stay is from last tre	kin Care?*	(Take before Yes [©] No one	all treatmo	ents)				

^{*} These Are Required Fields

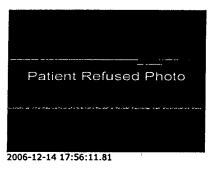
								Brighton MA clinic.
American La	aser Centers Intra	inet		Monday, /	April 26, 2010		A	LCPartner Scheduler Applica Welcome afrench: [Lc
	eduler v Database	v Accounting	y HR v	ALC Learnin	gv Marketing	v Call Cen	terv Ame	ripure v Email
Applications v SiteM	ар						QUICK LINKS	>> Click Here To Se
Treatment Rec	ord Laser Sett	ings					①	- ② - ③ - ④ - 〔
Client Information				Laser	Hair Removal (Chart		
Client Name:	Zufan 7	segai VI		1 1	Гуре:	VI		
DOB:	10/20/	75		1 1	Color:	Black		
Center Name:	Upper V			1 1	ment Area:	Bikini i	Brazilian	
Technician: (Emplo	yee ID) 829086			Is Ci	ent Tan?:	NO		
Laser for Procedure Laser Aurora/ Selected (NEW) Laser Test Area	s /Amerilight		···-					
	Area Left forehead or behin	d ears						
Laser Test Settings								
# ID	Date	Skin Type	RF	OF	Р Туре	ISL	ISM	Laser
3 21966439927	72 13/14/2006	-	F 20	F 10			F[1]	
3 2190043992/	73 12/14/2006		T 25	T 12	Long	10	18	Aurora/Amerilight (NEW)
aser Hair Removal (Chart Settings		·	******				
# ID	Date	Skin Type	RF	OF	Р Туре	ISL	ISM	Laser
3 219664399273	12/14/2006		25	12	Long	10	1 - 7	Aurora/Amerilight (NEW)
Notes								
								
newer Questions 1-	5							
Answer Questions 1-) No						
. Was client double pa	essed? O Yes		O No					
. Was client double pa a. Was skin type chan	nssed? OYes O	III)? O Yes	○ No					
. Was client double pa a. Was skin type chan . Was ice pack applied	essed? Yes G ged (if skin type I - 1? Yes No	III)? O Yes	○ No					
. Was client double pa a. Was skin type chan . Was ice pack applied . Post Treatment skin	essed? Yes Gged (if skin type I - 1? Yes No reaction?	III)? O Yes						
Was client double pa a. Was skin type chan . Was ice pack applied	nssed? Yes G ged (if skin type I - i? Yes No reaction? reaction applied	III)? O Yes						
Was client double pa a. Was skin type chan . Was ice pack applied . Post Treatment skin . AmeriPure Post Treat a. AmeriPure sun block	ged (if skin type I - 111)? • Yes	No	nt? [⊙] Yes	○ No				
Was client double pa a. Was skin type chan . Was ice pack applied . Post Treatment skin . AmeriPure Post Treat a. AmeriPure sun block . Post Instructions hav	ged (if skin type I - ?	III)? Yes Yes No Iy and written-on	No	nt? [©] Yes	○ No			
a. Was client double pa a. Was skin type chan . Was ice pack applied . Post Treatment skin . AmeriPure Post Treat a. AmeriPure sun block . Post Instructions hav	ged (if skin type I - i?	III)? Yes Yes No Iy and written-on	No	nt? [⊙] Yes	○ No			
Was client double pa a. Was skin type chan . Was ice pack applied . Post Treatment skin . AmeriPure Post Treat a. AmeriPure sun block . Post Instructions hav	ged (if skin type I - i?	III)? Yes Yes No Iy and written-on	No	nt? [⊙] Yes	○ No			
a. Was client double pa a. Was skin type chan . Was ice pack applied . Post Treatment skin . AmeriPure Post Treat a. AmeriPure sun block . Post Instructions hav	ged (if skin type I - i?	III)? Yes Yes No Iy and written-on	No	nt? [⊙] Yes	○ No			
a. Was client double pa a. Was skin type chan . Was ice pack applied . Post Treatment skin . AmeriPure Post Treat a. AmeriPure sun block . Post Instructions hav	ged (if skin type I - i?	III)? Yes Yes No Iy and written-on	No	nt? [⊙] Yes	○ No			Update Chart

of 155

Step 6/Photos: Chart # 219664399273 Photos

Zufan Tsegai VI

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 219664399279 History Chart ID#: 219664399279

Date Created: 2006-12-14 17:56:51.703

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2006-12-14 17:56:48.14	Verified Hipaa/Consent Forms Signed	ALCMA52
2006-12-14 17:56:51.703	Step 1 Completed	ALCMA52
2006-12-14 17:56:51.703	Chart Created	ALCMA52
2006-12-14 17:56:51.703	Step 2 Completed	ALCMA52
2006-12-14 17:56:51.703	Skin Type Assessment Submited	ALCMA52
2006-12-14 17:56:51.733	Step 3 Completed	ALCMA52
2006-12-14 17:56:51.75	Treatment Record Q1 Completed	ALCMA52
2006-12-14 17:56:51.78	Step 4 Completed	ALCMA52
2006-12-14 17:56:51.78	Treatment Record Q2 Completed	ALCMA52
2006-12-14 17:57:12.75	Chart Laser Test Settings Submitted	ALCMA52
2006-12-14 17:57:28.377	Step 5 Completed	ALCMA52
2006-12-14 17:57:28.377	Treatment Record Settings Completed	ALCMA52
2006-12-14 17:57:36.487	Step 5 Completed	ALCMA52
2006-12-14 17:57:36.487	Treatment Record Settings Completed	ALCMA52
2006-12-14 17:57:42.91	Photo Uploaded	ALCMA52

Step 1:

American Laser Centers Intranet **Announcements**

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Applications v

Scheduler v SiteMap

Database v

Accounting v

ALC Learning v

Marketing v

Call Center v Ameripure v

Email

Create Chart For Patient

QUICK LINKS >> Click Here To Select v

1 - 2 - 3 - 4 - 3

Procedures

Select Procedure(s) for Chart: Microderm

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

of 155

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399279. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic. Step 2: ALCPartner Scheduler Application 1 American Laser Centers Intranel Monday, April 26, 2010 Welcome afrench: [Logout] Accounting v **Announcements** Scheduler v Database v ALC Learning v Marketing v Call Center v Ameripure v Email Applications v SiteMap QUICK LINKS >> Click Here To Select v **Skin Type Assessment Form** 1 - 2 - 3 - 4 - 3 Please verify the questions highlighted in this color are correct before proceeding. Genetic Disposition 1. What is the color of your eyes? O Light Blue, Green Gray O Blue O Dark Brown Brown/Black 2. What is your natural hair color? O Sandy Red Blonde O Chestnut/Dark Blonde O Dark Brown Black 3. What is the color of your skin? O Reddish O Very Pale O Pale O Light Brown Dark Brown 4. Do you have freckles? O Many Several O Few O Incidental None Reaction to Sun Exposure 1. If you where over exposed to the sun how would your skin react? O Redness/Blistering/Peels O Blistering/Peeling O Burns Sometimes/Peels Rarely Burns Never Burns 2. To what degree does your skin turn brown? O Harldy/Not At All O Light Color Tan O Medium Tan O Tans Easily Turns Dark Brown Quickly 3. Do you turn brown within several hours after sun exposure? Never Seldom Sometimes O Often 4. How does your face react to the sun? Very Sensitive Sensitive O Normal Very Resistant O No Problem Tanning Habits 1. When was your last exposure to sun, lamps or cream? O More Than 3 Months O 2 to 3 Months O 1 to 2 Months O Less Than 1 Month 2. Was the treatment area exposed? Never O Hardly Ever Sometimes Often Always Heritage If Father is of African American or East Indian descent add ☑ 10 Points If Mother is of African American or East Indian descent add □ 10 Points If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add ☐ 5 Points Summary **Total Score** Update Assessment Skin Type Score 45 Skin Type Score Skin Type

🚺 📐 Ame	rican Laser	Centers Intrane			Monday, April 2	6. 2010		ALCPartn W	er Scheduler Application : elcome afrench: [Logout
Announcements Applications v			Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
Applications 4	anemap						QUIC	K LINKS >>	Click Here To Select
Treatme	nt Record	Questionnair	e 1					10-20-	3-4-3
Patient Info Patient Nar Treatment Treatment Skin Type:	ne: Area;	Zufan Tsegai VI Microderm 3 VI			Plea befo	se verify the quering	uestions highli	ghted in this	color are correct
Please fill o	ut questions	1-10							
		osed with diabetes,	lupus, sarcoidosi	s, cancer,	skin disorder, seiz	ure disorder, nu	ımbness in the a	rea to be treate	ed, HIV positive
	ple sclerosis? please specify	* O Yes O No				\neg			1
,		<u> </u>		^ /					
	have a pacem please specify	aker or any interna :: N/A	metal device?*	Yes	No No				
2	, ,	<u> </u>		0					Į.
	or do you thu	nk you may be preg	nant?* Yes	♥ No					
4. Have yo	u ever had a	cold sore in treatme	nt area?* O Ye	s [®] No					İ
If YES,	do you have V	altrex at home?	Yes [®] No						
5. Please li N/A	st all medicat	ions, even those ov	er-the-counter m	edications	and medicinal her	bs you take:			
6. Are you When w Over a n	tan?* O Yes as your last so nonth	s [⊙] No un exposure, self-ta	nning lotions app	olied, and/	or tanning booth e	xposure to the a	area we will treat	today?*	
7. Are vou	on Accutana?	* Oyes ⊙ No							
,	ori Accutaine:	165 - 140							
	i had any hon lease specify:	monal changes incl	uding menopause	2?* [○] Ye	s [©] No				
9. Are you o If YES, p	on chemo or r lease specify:	adiation therapy?*	O Yes ⊚ No						
^{10.} Do you h	ave vitiligo or	a history of vitiligo	?* ○ Yes ◎ N	lo					
Date:	Signature:								

2/14/2006					•				ļ

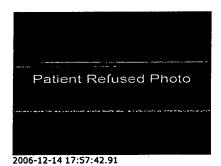
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Americ	can Laser Cen	ters Intranet			Monday, April 2	5, 2010		•	ALCPartn W	er Sched	duler Ap afrench	plication : {Logou
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ame	ripure v		mail	
opiications v	окемар						OUI	CK LINKS	>>	Cilc	b Wara 7	o Select
Treatment	Record Las	ser Settings	;					_	- ②	_	_	
Client Inform	ation	14.95			Microden	nabrasion Char				$\stackrel{\smile}{-}$	$\overline{}$	
Patient Name):	Zufan Tsegai	VI		Skin Type		VI					- 1
DOB:		L			Hair Colo		Black					-
Center Name:		upper west			Treatmen	t Area:	Microderm					1
Technician: (I	Employee ID)	829086			Is Client	îan?:	NO					
Microd ermabr	asion Chart Set	tinas								·		
# ID		Date	Body Pa	art	Treatment Se	ttings						
7 2196	64399279	12/14/2006	Face		40 - 40							
					•							
Notes												
							- 11					
							11					
Inswer Ouesti	ons 1-4			·								
	ons 1-4 ent skin reaction?	? [1						
1. Post Treatme	nt skin reaction?	<u> </u>	⊚ Yes ○ No									
2. AmeriPure Po	nt skin reaction? ost Treatment Lot	tion applied?	[⊙] Yes [○] No									
 Post Treatme AmeriPure Po AmeriPure s 	nt skin reaction? ost Treatment Lot un block applied	tion applied?	No									
 Post Treatme AmeriPure Po AmeriPure s 	nt skin reaction? ost Treatment Lot	tion applied?	No	rst treatmer	nt? [©] Yes [○]	No						
Post Treatme AmeriPure Po AmeriPure s AmeriPure s Post Instructi	ent skin reaction? est Treatment Lot un block applied ons have been g	tion applied? Per Oracle Yes Oracle Yes	No d written-on fir	rst treatmer	nt? [⊙] Yes ○	No						
Post Treatme AmeriPure Po AmeriPure s AmeriPure s Post Instructi	nt skin reaction? ost Treatment Lot un block applied	tion applied? Per Oracle Yes Oracle Yes	No d written-on fir	rst treatmer	nt? [⊙] Yes [○]	No						
1. Post Treatme 2. AmeriPure Po 2a. AmeriPure s 3. Post Instructi verify that the	ent skin reaction? est Treatment Lot un block applied ons have been g	tion applied? Per Oracle Yes Oracle Yes	No d written-on fir	rst treatmer	nt? [©] Yes ^O	No						
1. Post Treatme 2. AmeriPure Po 2a. AmeriPure s 3. Post Instructi verify that the	ent skin reaction? st Treatment Lot un block applied ons have been g is form is comp	tion applied? Per Oracle Yes Oracle Yes	No d written-on fir	rst treatmer	nt? [⊙] Yes [○]	No						
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1. Post Treatme 2. AmeriPure Po 2a. AmeriPure s 3. Post Instructi verify that the	ent skin reaction? st Treatment Lot un block applied ons have been g is form is comp	tion applied? Per Orange Yes Orange Yes	No d written-on fir	rst treatmer	nt? [©] Yes ^O	No		-				

Step 6/Photos: Chart # 219664399279 Photos

Zufan Tsegai VI

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 219664463499 History Chart ID #: 219664463499

Date Created: 2007-01-14 07:55:08.987

Transactions Processed		-
Date Actioned	Action Taken	Actioned By
2007-01-14 07:55:05.923	Verified Hipaa/Consent Forms Signed	ALCMA52
2007-01-14 07:55:08.987	Step 1 Completed	ALCMA52
2007-01-14 07:55:08.987	Chart Created	ALCMA52
2007-01-14 07:55:11.27	Step 2 Completed	ALCMA52
2007-01-14 07:55:11.27	Skin Type Assessment Submited	ALCMA52
2007-01-14 08:06:20.14	Step 3 Completed	ALCMA52
2007-01-14 08:06:20.14	Treatment Record Q1 Completed	ALCMA52
2007-01-14 09:23:43.68	Step 4 Completed	ALCMA52
2007-01-14 09:23:43.68	Treatment Record Q2 Completed	ALCMA52
2007-01-14 09:23:50.227	Chart Laser Test Settings Submitted	ALCMA52
2007-01-14 09:24:03.007	Step 5 Completed	ALCMA52
2007-01-14 09:24:03.007	Treatment Record Settings Completed	ALCMA52
2007-01-14 09:24:12.367	Step 5 Completed	ALCMA52
2007-01-14 09:24:12.367	Treatment Record Settings Completed	ALCMA52
2007-01-14 09:24:19.103	Photo Uploaded	ALCMA52

HR v

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Scheduler v

Accounting v

ALC Learning v

Marketing v

Call Center v

Ameripure v Email!

QUICK LINKS >> Click Here To Select v

10-2-3-4-3

Create Chart For Patient

Procedures

Select Procedure(s) for Chart: Microderm

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

9 to 16

17 to 24 25 to 30

31 to 34

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III IV V

Zufan Tsegai VI (Patient ID 219664) Chart number 219664463499. Chart completed on 01/14/2007 for treatment at the Brighton MA clinic. Step 2: ALCPartner Scheduler Application 1 <u>American Laser Centers Intranet</u> Monday, April 26, 2010 Welcome afrench: [Logout] Announcements Scheduler v Accounting v HR v ALC Learning v Marketing v Call Center v Ameripure v **Email** Applications v QUICK LINKS >> Click Here To Select v Skin Type Assessment Form (1) - (2) - (3) - (4) - (5) Please verify the questions highlighted in this color are correct before proceeding. **Genetic Disposition** 1. What is the color of your eyes? O Light Blue, Green Gray O Blue O Dark Brown 2. What is your natural hair color? O Sandy Red Blonde O Chestnut/Dark Blonde O Dark Brown Black 3. What is the color of your skin? O Very Pale O Reddish O Pale O Light Brown Dark Brown 4. Do you have freckles? Many Several O Few Incidental None Reaction to Sun Exposure 1. If you where over exposed to the sun how would your skin react? O Redness/Blistering/Peels Blistering/Peeling O Burns Sometimes/Peels Rarely Burns O Never Burns 2. To what degree does your skin turn brown? O Harldy/Not At All O Light Color Tan O Medium Tan O Tans Easily Turns Dark Brown Quickly 3. Do you turn brown within several hours after sun exposure? O Never Seldom Sometimes Often Always 4. How does your face react to the sun? Sensitive Normal O Very Resistant O No Problem Tanning Habits 1. When was your last exposure to sun, lamps or cream? O More Than 3 Months O 2 to 3 Months O 1 to 2 Months O Less Than 1 Month 2. Was the treatment area exposed? O Never O Hardly Ever Sometimes O Often Heritage If Father is of African American or East Indian descent add ☑ 10 Points If Mother is of African American or East Indian descent add ☐ 10 Points If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add ☐ 5 Points Summary **Total Score** 45 Skin Type Score Skin Type Score Skin Type 0 to 8

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ep 3		an Laser	Centers Intranet			Monday, April 26	5, 2010		ALCPartn W	er Scheduler Application
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Appii	Cations v	SiteMap						QUIC	K LINKS >>	Cilck Here To Sele
Tre	eatment	Record	Questionnaire	1					10-20-	3-4-5
Pat Tre Tre	tient Informatient Name eatment Are eatment Nu n Type:	: ea:	Zufan Tsegai VI Microderm 4 VI				se verify the q re proceeding		ghted in this	color are correct
Ple	ase fill out	questions	1-10							
1.			sed with diabetes, I	upus, sarcoidosi	s, cancer,	skin disorder, seiz	ure disorder, nu	mbness in the a	rea to be treate	ed, HIV positive
		e sclerosis?* ase specify	Yes No							
2.	• • •		<u> </u>							
2.		ve a pacema ase specify:	ker or any internal	metal device?*	O Yes	No No				
3.			<u> </u>		^					
٠.	Are you or	do you thin	k you may be pregr	nant?* O Yes	[⊚] No					
4.	Have you	ever had a c	old sore in treatmer	nt area?* O Yes	s [⊙] No			•		
	If YES, do	you have Va	altrex at home?	Yes [⊙] No						
5.	Please list N/A	all medicati	ons, even those ove	r-the-counter m	edications	and medicinal her	bs you take:			
6.			[⊙] No <u>n exposure, self-tar</u>	nning lotions app	lied, and/	or tanning booth e	xposure to the	area we will treat	today?*	
7.	Are you on	Accutane?	○ Yes ⊙ No							
8.		ad any hom se specify:	nonal changes inclu N/A	ding menopause	:?* [○] Ye	s [®] No				
9.		chemo or rase specify:	adiation therapy?*	O Yes [⊙] No						
10.	Do you hav	e vitiligo or	a history of vitiligo?	* °Yes ® N	o					
Date	: Si	gnature:								
01/1	14/2007		Zu	70	M	140	7	$\overline{}$	Update C	Questionnaire>

^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664463499. Chart completed on 01/14/2007 for treatment at the Brighton MA clinic. ALCPartner Scheduler Application 1 Welcome afrench: [Logout] **American Laser Centers Intranet** Monday, April 26, 2010 Announcements Scheduler v Database v Accounting v HR v ALC Learning v Marketing v Call Center v Ameripure v QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 2** 10 - 22 - 33 - 43 - 53 **Patient Information** Patient Name: Zufan Tsegai VI Treatment Area: Microderm Treatment Number: Skin Type: Please fill out questions 1-8 1. Is patient on AmeriPure Skin Care?* $^{\odot}$ Yes $^{\circ}$ No $^{\circ}$ If no, then introduce products to your patient. 3. Is patient tan BY YOUR ASSESSMENT?* O Yes O No Date of last exposure: More Than A Month 4. Client comments on improvement: 0 - 9% None 5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment? 6. Did patient use topical anesthetic cream?* O Yes O No If yes, wipe off with water thoroughly. 7. Does the patient have keloid scarring?* ○ Yes ○ No Update Questionnaire 2 --->

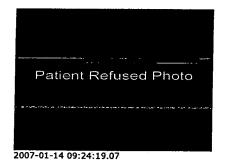
^{*} These Are Required Fields

ep 5:									
Ameri	can Laser Cer	nters Intranet			Monday, April 26	3010		ALCPartn	er Scheduler Application
Announcements	Scheduler v	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure y	elcome afrench: (Logour Email
Applications v	SiteMap		· · · · · · · · · · · · · · · · · · ·		ALC COMMING F	markening A	Can Cerker V	Miletipure V	Email
							QUIC	K LINKS >>	Click Here To Select
Treatment	Record La	ser Settings	;					10-20-	3-4-5
Client Inform	ation				Microdem	nabrasion Cha			
Patient Name	:	Zufan Tsenaj	īV		Skin Type		VI		
DOB:					Hair Color		Black		1
Center Name	•	upper West			Treatment	-	Microderm		
Technician: (Employee ID)	829086			Is Client 7	an?:	NO		
Microdermabi	asion Chart Se	stinas							
# ID		Date	Body Pa	rt	Treatment Se	ttinas			
8 2196	64463499	01/14/2007	Face		40 - 50				
Notes									
HOLES					··-				
Notes									
11016									
notes									
Notes									
Answer Quest	ons 1-4								
Answer Quest	ions 1-4 ent skin reaction	?	100						
Answer Quest 1. Post Treatme	ent skin reaction		② Voc ① No						
Answer Quest 1. Post Treatme 2. AmeriPure Po	ent skin reaction ost Treatment Lo	otion applied?	[⊙] Yes [○] No						
Answer Quest 1. Post Treatme 2. AmeriPure Po	ent skin reaction	otion applied?							
Answer Quest 1. Post Treatme 2. AmeriPure Po 2a. AmeriPure s	ent skin reaction ost Treatment Lo sun block applied	otion applied?	No	at treatmer	wt2 ② voc O	No			
Answer Quest 1. Post Treatme 2. AmeriPure Po 2a. AmeriPure s	ent skin reaction ost Treatment Lo sun block applied	otion applied?	No	st treatmer	nt? [⊙] Yes [○]	No			
Answer Quest 1. Post Treatme 2. AmeriPure Po 2a. AmeriPure s 3. Post Instruct	ent skin reaction ost Treatment Lo sun block applied ions have been	otion applied? d?	No d written-on fin	st treatmer	nt? [⊚] Yes ○	No			
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Answer Quest 1. Post Treatme 2. AmeriPure Po 2a. AmeriPure s 3. Post Instruct I verify that th Date: Si	ent skin reaction ost Treatment Lo sun block applied ions have been is form is com	otion applied? d?	No d written-on fin	st treatmer	nt?	No .			
Answer Quest 1. Post Treatme 2. AmeriPure Po 2a. AmeriPure s 3. Post Instruct I verify that th	ent skin reaction ost Treatment Lo sun block applied ions have been is form is com	otion applied? d?	No d written-on fin	st treatmer	nt? • Yes •	No .		U	pdate Chart

Step 6/Photos: Chart # 219664463499 Photos

[Close Window]

Zufan Tsegai VI



f 155

Action:

[Return To Client Charting]

Patient Chart ID 219664574053 History

Chart ID#: 219664574053

Date Created: 2007-02-24 12:05:15.19

	Processed

Action Taken	Actioned By
Verified Hipaa/Consent Forms Signed	ALCMA52
Step 1 Completed	ALCMA52
Chart Created	ALCMA52
Step 2 Completed	ALCMA52
Skin Type Assessment Submited	ALCMA52
Step 3 Completed	ALCMA52
Treatment Record Q1 Completed	ALCMA52
Step 4 Completed	ALCMA52
Treatment Record Q2 Completed	ALCMA52
Chart Laser Test Settings Submitted	ALCMA52
Step 5 Completed	ALCMA52
Treatment Record Settings Completed	ALCMA52
Photo Uploaded	ALCMA52
	Verified Hipaa/Consent Forms Signed Step 1 Completed Chart Created Step 2 Completed Skin Type Assessment Submited Step 3 Completed Treatment Record Q1 Completed Step 4 Completed Treatment Record Q2 Completed Chart Laser Test Settings Submitted Step 5 Completed Treatment Record Settings Completed

Step 1:

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Announcements Applications v

Scheduler v SiteMap

Database v

Accounting v

HR v ALC Learning v Marketing v

Call Center v

Ameripure v

QUICK LINKS >>

Click Here To Select v

1 - 2 - 3 - 4 - 3

Create Chart For Patient

Procedures

Select Procedure(s) for Chart: Arms Under

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

Amer	ican Laser Cen	ters Intranet		Monday, April 20	5, 2010		ALCPartne We	er Scheduler Application elcome afrench: (Logou
Announcements Applications v	Scheduler v SiteMap	Database v Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
· ppilottion ·	aromap					QUI	CK LINKS >>	Click Here To Select
Skin Type	Assessmen	t Form					(1) - (2) -	
• • •			Plea	se verify the quest	ions highlighte	ed in this colo		0 0
Genetic Disp	osition							
	e color of your	eyes?						
O Light	Blue, Green	O Gray	O Blue	:	O Dark Br	rown	⊕ Brown/Black	,
2. What is yo	ur natural hair	color?						
O Sandy		 Blonde 	O Che	stnut/Dark Blonde	O Dark Br	own	Black	1
3. What is the	e color of your :	skin?						
O Reddi		O Very Pale	Pale		Light Br	rown	 Dark Brown 	İ
4. Do you hav	e freckles?							
O Many		 Several 	O Few		 Incident 	tal	None	
Reaction to S								
		to the sun how would you						
	ss/Blistering/Pee		O Burr	is Sometimes/Peels		Burns	Never Burns	
		skin turn brown?		_				
	/Not At All	O Light Color Tan		um Tan	O Tans Ea:	sily	Turns Dark 8	Brown Quickly
O Never	I DIOWN WILLIN	several hours after sun exp						
-	our face react t	O Seldom	O Som	etimes	Often			
Now does \ Very S								
-		 Sensitive 	O Norm	nai	O Very Res	sistant	O No Problem	
Tanning Habit								ļ
		ure to sun, lamps or cream						İ
	han 3 Months a tment area ex i	O 2 to 3 Months	0 1 to	2 Months	Less That	in 1 Month		Weeks
O Never	atment area ex			.,				
		O Hardly Ever	O Some	etimes	Often			
Heritage								
If Father is of A	frican American o	or East Indian descent add					☑ 10 Points	
If Mother is of A	frican American	or East Indian descent add					☐ 10 Points	
If Latin America	n, Asian-Pacific I	slanders, Mediteranean, or na	itive or ind	igenous to the Amer	icas add		☐ 5 Points	
	······································							
ummary		_						
Total Score	- 45		Update Ass	essment				
Skin Type Scor	e 45	٠						
kin Type Scor	e Skin Type	ו						
0 to 8	- I	1						
9 to 16	- II	1						
17 to 24 25 to 30	- III - IV	}						
23 10 30	- IA	1						

of 155

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574053. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic. Step 3: American Laser Centers Intranet ALCPartner Scheduler Application 1 Monday, April 26, 2010 Welcome afrench: [Logout] **Announcements** Scheduler v Applications v ALC Learning v Marketing v SiteMap Call Center v Ameripure v Email QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 1** 1 - 2 - 3 - 4 - 5 Patient Information **Patient Name:** Zufan Tsegai VI Treatment Area: Please verify the questions highlighted in this color are correct Arms Under **Treatment Number:** before proceeding. Skin Type: Please fill out questions 1-10 1. Have you been diagnosed with diabetes, lupus, sarcoidosis, cancer, skin disorder, seizure disorder, numbness in the area to be treated, HIV positive or multiple sclerosis?* O Yes O No If YES, please specify: N/A Do you have a pacemaker or any internal metal device?* O Yes O No If YES, please specify: N/A Are you or do you think you may be pregnant?* O Yes O No Have you ever had a cold sore in treatment area?* O Yes O No If YES, do you have Valtrex at home? ○ Yes ⊙ No Please list all medications, even those over-the-counter medications and medicinal herbs you take: Are you tan?* O Yes ⊙ No When was your last sun exposure, self-tanning lotions applied, and/or tanning booth exposure to the area we will treat today?* Are you on Accutane?* O Yes O No Have you had any hormonal changes including menopause?* O Yes O No If YES, please specify: N/A Are you on chemo or radiation therapy?* O Yes O No If YES, please specify: N/A 10. Do you have vitiligo or a history of vitiligo?* O Yes O No Date: Signature: 02/24/2007 Update Questionnaire ---->

^{*} These Are Required Fields

tep 4.									
Announcements		nters Intranet			Monday, April 2	6, 2010		ALCPartn	er Scheduler Application
Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Cali Center v	Ameripure v	elcome afrench: (Logou Email
Treatment	Record Qu	.estionnaire	2				QUIC	K LINKS »	Click Here To Select
Patient Information Patient Name Treatment And Treatment Nu Skin Type:	: ea:	Zufan Tsegai VI Arms Under 1 VI						⊕ <u>`</u> .@-	3.4.3
3. Is patient to Date of last 4. Client comm 5. How long did	n AmeriPure Sk been taken?* In BY YOUR ASS exposure: Mo ents on hair rec	o Yes O No SESSMENT?* O The Than A Month duction: 20 - 49%	(Take before a	o, then int	roduce products to	your patient.			
6. Did patient u		thetic cream?* (If yes, w	ipe off with water	thoroughly.			

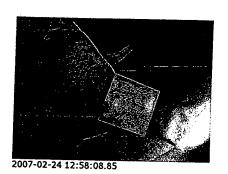
Update Questionnaire 2 --->

^{*} These Are Required Fields

Step 6/Photos: Chart # 219664574053 Photos

[Close Window]

Zufan Tsegai VI



Action:

[Return To Client Charting]

Patient Chart ID 219664574294 History Chart ID #: 219664574294

Date Created:

2007-02-24 12:58:54.977

Transactions P	rocessed
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Date Actioned	Action Taken	Actioned By
2007-02-24 12:58:48.68	Verified Hipaa/Consent Forms Signed	ALCMA52
2007-02-24 12:58:54.977	Step 1 Completed	ALCMA52
2007-02-24 12:58:54.977	Chart Created	ALCMA52
2007-02-24 12:58:55.023	Step 2 Completed	ALCMA52
2007-02-24 12:58:55.023	Skin Type Assessment Submited	ALCMA52
2007-02-24 12:58:55.32	Step 3 Completed	ALCMA52
2007-02-24 12:58:55.32	Treatment Record Q1 Completed	ALCMA52
2007-02-24 12:58:55.51	Step 4 Completed	ALCMA52
2007-02-24 12:58:55.51	Treatment Record Q2 Completed	ALCMA52
2007-02-24 12:59:16.167	Chart Laser Test Settings Submitted	ALCMA52
2007-02-24 12:59:38.357	Step 5 Completed	ALCMA52
2007-02-24 12:59:38.357	Treatment Record Settings Completed	ALCMA52
2007-02-24 13:00:51.28	Photo Uploaded	ALCMA52

Step 1:

American Laser Centers Intranet **Announcements** Scheduler v

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Email

Applications v

SiteMap

Accounting v

HR v ALC Learning v Marketing v

Call Center v

Ameripure v

Create Chart For Patient

QUICK LINKS >> 1-2-3-4-5

Click Here To Select v

Procedures

Select Procedure(s) for Chart: Bikini Brazilian

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

tep 2:							
Ameri	can Laser Cen	ters Intranet		Monday, April 26	5, 2010	ALCPartm W	er Scheduler Application
Announcements Applications v	Scheduler v SiteMap	Database v Accounting v	HR v	ALC Learning v	Marketing v Call Cente		Email
						QUICK LINKS >>	Click Here To Sele
Skin Type	Assessmen	t Form				①·②·	(3) - (4) - (5)
			Please	verify the quest	ions highlighted in this c	color are correct b	efore proceeding
Genetic Dispo		_					
	e color of your e	•					
	Blue, Green ur natural hair (O Gray	Blue		O Dark Brown	⊕ Brown/Blace	k
O Sandy		O Blonde	a Ch+				
	color of your s		O Chesti	nut/Dark Blonde	O Dark Brown	Black	
O Reddis		O Very Pale	O Pale		a tiek n		
4. Do you hav	e freckles?	O very raic	O raic		O Light Brown		
O Many		O Several	O Few		O Incidental	O None	
Reaction to Si	un Exposure	3 227 3 7 3 .	0.00		O Incidental	None	
1. If you when	re over exposed	to the sun how would you	r skin react	:7			
 Rednes 	ss/Blistering/Peel	ls O Blistering/Peeling		Sometimes/Peels	Rarely Burns	O Never Burns	
2. To what de	gree does your	skin turn brown?	-	,	o marci, came	O Mever burns	,
	/Not At All	 Light Color Tan 	 Mediur 	n Tan	O Tans Easily	Turns Dark I	Brown Ouickly
	brown within	several hours after sun expe	osure?		•	0 101110 001111	- Quickly
Never	•	 Seldom 	Somet	imes	Often		
	our face react t	o the sun?			_	· · · · · · · · · · · · · · · · · · ·	
	ensitive	 Sensitive 	O Norma	I	 Very Resistant 	O No Problem	
Fanning Habit					· ·	•	
i. When was y	our last exposu	ire to sun, lamps or cream?					
	nan 3 Months	O 2 to 3 Months	0 1 to 2	Months	O Less Than 1 Month		Weeks
	atment area exp	posed?					1
O Never		O Hardly Ever	 Someti 	mes	Often		
leritage							
f Father is of Af	rican American o	r East Indian descent add				☑ 10 Points	
		or East Indian descent add				- 1	
						☐ 10 Points	
Latin American	n, Asian-Pacific I	slanders, Mediteranean, or nat	ive or indige	enous to the Ameri	cas add	☐ 5 Points	
ummary							
otal Score		٦	Hadas A.				
kin Type Score	e 45	***************************************	Update Assess	sment			
kin Type Score	Skin Type	1					
0 to 8	- 1						
9 to 16	- 11						
17 to 24	- 111						

Skin Type Score		Skin Type
0 to 8	-	1
9 to 16	-	11
17 to 24	-	111
25 to 30	-	IV
31 to 34	_	V

	ncan Lase	r Cent	ers Intrar	tec			44ada 4			ALCPartn	er Scheduk	r Application
uncements			Database v		Accounting v	HR v	Monday, April 26 ALC Learning v	-	Call Campan	w	ekome afre	ench: [Logo
cations v	SiteMap					*****	ALC LOGINING V	marketing v	Call Center V	Ameripure v	Email	
									QUIC	K LINKS >>	Click H	are To Selec
atme	it Record	l Que	stionna	ire	1					①·②·	3-6	4) - (3)
ient Namatment atment	ne: Area:						, Plea befo	se verify the q re proceeding	uestions highli			
ase fill o	ut question	s 1-10										
or multi If YES,	ple sclerosis please specif nave a pacen	y: N/A	Yes [©] No					ure disorder, nu	mbness in the a	rea to be treate	ed, HIV po	ositive
Are you Have yo	or do you thi	nk you cold so	re in treatr	nent a	rea?* O Ye							
												ĺ
Please lis	t all medica	ions, e	ven those o	over-t	he-counter m	<u>edications</u>	and medicinal hert	os you take:				1
When wa Over a m	s your last s	un expo	osure, seif-	tannir	ng lotions app	lied, and/o	or tanning booth ex	posure to the a	rea we will treat	today?*		
Have you	had any hor	monai		cludin	g menopause	?* ^O Yes	s [©] No					
if YES, pi	ease specify:	N/A										
		a histo	ory of vitilio	go?*	○ Yes ⊙ N	o 						
	nature:											
1/2007										1 111-4-1 0	Jestionnaire -	
	tient Info tient Nan tient Nan tatment I n Type: ase fill o Have you or multi, If YES, p Are you If YES, d Have you If YES, d Please lis N/A Are you t When wa Over a m Are you o If YES, pl Are you o If YES, pl Oo you ha	cations v SteMap catment Record catment Information catment Name: catment Number: n Type: case fill out question: Have you been diagr or multiple sclerosis: If YES, please specific Are you or do you thi Have you ever had a If YES, do you have v Please list all medicat N/A Are you tan?* O Yee When was your last se Over a month Are you on Accutane? Have you had any hor If YES, please specify: Are you on chemo or r If YES, please specify: Oo you have vitiligo or Signature:	cations v SteMap Catrment Record Questient Information Lient Name: Zufar Latment Area: Bildin Latment Number: 2 In Type: VI Case fill out questions 1-10 Have you been diagnosed w or multiple sclerosis?* O . If YES, please specify: N/A Do you have a pacemaker o If YES, please specify: N/A Are you or do you think you Have you ever had a cold so If YES, do you have Valtrex or N/A Are you tan?* O Yes O N When was your last sun expo Over a month Are you on Accutane?* O Yes Are you on Accutane?* O Yes Are you on Accutane?* O Yes Are you on chemo or radiation If YES, please specify: N/A Oo you have vitiligo or a histo Signature:	cations v SteMap Catrment Record Questionna Itient Information Itient Name:	cations v SteMap Catment Record Questionnaire Client Information Client Name: Zufan Tsegai VI Client Name: Bikini Brazilian Catment Area: Bikini Brazilian Client Number: 2 In Type: VI Client Number: 2 In Type: VI Client Number: 2 In Type: VI Client Number: 2 In Type: VI Client Number: 2 In Type: VI Client Number: 2 In Type: VI Client Number: 2 In Type: VI Client Number: 2 In Type: VI Client Number: 2 Client Number: VI Client Number: 2 Client Number: VI Clien	Catment Record Questionnaire 1 Lient Information Lient Name: Latment Area: Latment Area: Latment Number: Latm	Catment Record Questionnaire 1 Itient Information Itient Name: Zufan Tsegai VI Itatment Area: Bikini Brazilian Itatment Area: Bikini Brazilian Itatment Number: 2 In Type: VI Itase fill out questions 1-10 Have you been diagnosed with diabetes, lupus, sarcoidosis, cancer, or multiple sclerosis?* Oyes ONO If YES, please specify: N/A Do you have a pacemaker or any internal metal device?* Oyes ONO If YES, please specify: N/A Are you or do you think you may be pregnant?* Oyes ONO Have you ever had a cold sore in treatment area?* Oyes ONO If YES, do you have Valtrex at home? Oyes ONO Please list all medications, even those over-the-counter medications IN/A Are you tan?* Oyes ONO When was your last sun exposure, self-tanning lotions applied, and/over a month Are you on Accutane?* Oyes ONO Have you had any hormonal changes including menopause?* Oyes If YES, please specify: IN/A Are you on chemo or radiation therapy?* Oyes ONO If YES, please specify: IN/A Are you on chemo or radiation therapy?* Oyes Ono If YES, please specify: IN/A Do you have vitiligo or a history of vitiligo?* Oyes Ono Signature:	Please ist all medications, even those over-the-counter medications and medicinal hert Nave you be a cold sore in treatment area? * O yes O No If YES, do you have Valtrex at home? O yes O No Please list all medications, even those over-the-counter medications and medicinal hert Nave you on Accutane? O yes O No Have you on Accutane? O yes O No Signature:	Please verify the questions value of the proceeding. Please verify the question of the questi	California V SiteMap Quice Pattment Record Questionnaire 1 Itent Information Ident Name:	Stating v Statin	Cations v SteMap Quick Links >> Click H Quick Links > Click H Quick Links

* These Are Required Fields

American Laser Centers Intranet	Step 4:	
.// Content intraffet		American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Applications v

Scheduler v

Accounting v

Marketing v

Call Center v

Ameripure v

Treatment Record Questionnaire 2

Patient Information Patient Name: Treatment Area:

Zufan Tsegai VI Bikini Brazilian

Treatment Number: Skin Type:

QUICK LINKS >> Click Here To Select v

1 - 2 - 3 - 4 - 3

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ⁹ Yes ⁰ No If no, then introduce products to your patient.

2. Have photos been taken?* ^(a) Yes ^(b) No (Take before all treatments)

3. Is patient tan BY YOUR ASSESSMENT7* O Yes O No Date of last exposure: More Than A Month

4. Client comments on hair reduction: 20 - 49% Moderate

5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment?
N/A

Did patient use topical anesthetic cream?* ○ Yes ○ No If yes, wipe off with water thoroughly.

7. Does the patient have keloid scarring?* O Yes O No

Update Questionnaire 2 --->

^{*} These Are Required Fields

Step 5:									
Ameri	ican Laser C	Centers Intranet	I		Monday, April 2	5. 2010		ALCPartn	er Scheduler Application elcome afrench: (Logo:
Announcements Applications v	Scheduler s SiteMap	v Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
•							QUICK	LINKS >>	Click Here To Select
Treatment	t Record L	Laser Settings						(1) - (2) -	3-4-3
Client Inform					Laser Hair	Removal Char	t		
Client Name:	:	Zufan Tsegai	√ I		Skin Type		VI		
DOB: Center Name					Hair Color		Black		
Technician: (829085			Is Client 1		Bikini Brazilia NO	n	

Laser for Pro Laser Selected		e (OLD)							
Laser Test An				7					
21966439927	Test Area Bikini or Legs	- Inner upper							
Laser Test Se									
# ID	J	Date	Skin Type	R	F	OF	ISM	Las	er l
2196	64574294	02/24/2007	I	N	ormal	F 10 - T 12	F1 -		erilase (OLD)
Laser Hair Re	moval Chart								
# ID 4 21966	64574294	Date 02/24/2007	Skin Type VI	RF No.)F	ISM	Las	
		02/24/2007		INO	iliai 1	2	1 - 7	Am	erilase (OLD)
Notes			**						
ł									
							ll l		
Answer Questi	iona 1-E								
•		0							
1. Was client do	•								
1a. Was skin typ	oe changed (if	fskin type I - III)?	OYes ⊙ N	lo	•				
2. Was ice pack		9 Yes ○ No							
3. Post Treatmer	nt skin reactio	on?							
4. AmeriPure Pos	st Treatment i	Lotion applied?	Yes, O No				İ		
4a. AmeriPure su	un block appli	ed?	o						
5. Post Instruction	ons have been	given verbally and	written-on first	treatment	t? ® Yes ○ N	lo		i	
I verify that thi	s form is con	nplete and correct						 -	
			•						
Date: Sta	aff Signature	:							
02/24/2007		N		N		_	-		
		((1/1	<i>!</i> / ,	15	(Update	Chart
			/ ~U/	. /	<i>_</i>				1

Step 6/Photos: Chart # 219664574294 Photos

[Close Window]

Zufan Tsegai VI



Action:

[Return To Client Charting]

Patient Chart ID 219664574309 History
Chart ID#: 219664574309
Date Created: 2007-02-24 13:01:12.0

Transactions Processed		
Date Actioned	Action Taken	Actioned B
2007-02-24 13:01:06.813	Verified Hipaa/Consent Forms Signed	ALCMA52
2007-02-24 13:01:12.0	Step 1 Completed	ALCMA52
2007-02-24 13:01:12.0	Chart Created	ALCMA52
2007-02-24 13:01:12.017	Step 2 Completed	ALCMA52
2007-02-24 13:01:12.017	Skin Type Assessment Submited	ALCMA52
2007-02-24 13:01:12.92	Step 3 Completed	ALCMA52
2007-02-24 13:01:12.937	Treatment Record Q1 Completed	ALCMA52
2007-02-24 13:01:13.313	Step 4 Completed	ALCMA52
2007-02-24 13:01:13.313	Treatment Record Q2 Completed	ALCMA52
2007-02-24 13:01:34.173	Step 5 Completed	ALCMA52
2007-02-24 13:01:34.173	Treatment Record Settings Completed	ALCMA52
2007-02-24 13:01:54.08	Step 5 Completed	ALCMA52
2007-02-24 13:01:54.08	Treatment Record Settings Completed	ALCMA52
2007-02-24 13:03:07.54	Photo Uploaded	ALCMA52

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Zufan Tsegai VI (Patient ID 219664) Chart number 219664574309. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

Step 1:

American Laser Centers Intranet **Announcements** Scheduler v

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Applications v

StteMap

ALC Learning v

Call Center v Ameripure v

QUICK LINKS >>

1 - 2 - 3 - 4 - 3

Click Here To Select v

Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

Step 2:

Zufan Tsegai VI (Patient 2D 219664) Chart number 219664574309. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

	can Laser Cen			Monday, April 26	5, 2010		ALCPartne We	r Scheduler Al kome afrench	picatio
Announcements Applications v	Scheduler v SiteMap	Database v Accounting	IV HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email	. įLogi
Claim Towns						QUI	CK LINKS >>	Click Here	ro Sele
экіп туре	Assessmen	t Form					①-②-	(3) - (4)	- (3)
			Please	verify the questi	ions highlighted	l in this colo		\sim	
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	ur natural hair d	color?	•		O Daik Blo	WII	⊕ Brown/Black		
O Sandy		 Blonde 	Chestn	ut/Dark Blonde	O Dark Brow	vn			
	color of your s	kin?			O Daik Dio	***	⊕ black		
O Reddis		O Very Pale	Pale		O Light Bro	wn	Dark Brown		
4. Do you have	e freckles?				O = 9.10		@ Dark Brown		
O Many		 Several 	O Few		O Incidenta	ı	None		
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2. To what deg	gree does your:	skin turn brown?			@ Karery bu	, ins	O Never Burns		
O Harldy/		 Light Color Tan 	O Medium	Tan	O Tans Easil		A 7	_	
3. Do you turn	brown within s	several hours after sun ex	posure?		O 10113 E0311	y	Turns Dark Br	own Quickly	
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		r East Indian descent add					2 10 Points		
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Treatment	Record Qu	actionnaire	•				Quic	<u>എ.</u> இ.	(3) - (4)	- (S)
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Patient Infor Patient Name Treatment A Treatment No Skin Type:	e: Zuf rea: Mici	an Tsegai VI roderm				ase verify the o ore proceeding	juestions highli	ghted in this	color are co	orrect
Please fill ou	questions 1-1)								
1. Have you	been diagnosed	with diabetes, lu	pus, sarcoidosi	s, cancer,	skin disorder, seiz	ure disorder, nu	mbness in the a	rea to be treat	ed, HIV posit	ive
	e sclerosis?* O									- }
2. Do you ha	ive a pacemaker ease specify: N/	or any internal n	netal device?*	O Yes	⁹ No					
3. Are you o	r do you think yo	u may be pregna	ant?* O Yes	⊚ No						İ
4. Have you	ever had a cold s	ore in treatment	area?* O Yes							ĺ
	you have Valtre									
5. Please list	all medications,	even those over	-the-counter m	edications	and medicinal he	rbs you take:				
	n?* O Yes O your last sun ex		ning lotions app	lied, and/	or tanning booth	exposure to the	area we will treat	t today?*		
7. Are you or	Accutane?* O	Yes [⊙] No								
	nad any hormona ase specify: N/A		ing menopause	:?* ○ Ye	s [⊙] No					
9. Are you or If YES, ple	chemo or radiatase specify: N/A	ion therapy?* (O Yes [⊙] No							
10. Do you hav	e vitiligo or a his	story of vitiligo?*	Yes ® N	lo						
Date: S	ignature:									
02/24/2007				•				Update C	luestionneire	>_
										

* These Are Required Fields

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Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
	_						QUICE	K LINKS >>	Click Here To Select
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Patient Infor Patient Name Treatment A Treatment No Skin Type:	ea:	Zufan Tsegai VI Microderm 1 VI					· · ·		
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 Have photo Is patient t 	s been taken?" an BY YOUR AS	* [©] Yes ^O No	(Take before		roduce products to	your patient.			
 Have photo Is patient to Date of last 	s been taken? an BY YOUR AS exposure:	Yes No SSESSMENT?* O	(Take before a) your patient.			
 Have photo Is patient to Date of last Client common How long d 	is been taken? an BY YOUR AS exposure: Ments on impro	Yes No SSESSMENT?* Olore Than A Month overnent: 20 - 49% pink?* 0 - 10 Mins	(Take before a) your patient.			

^{*} These Are Required Fields

Anierican Laser Center mulanet

Date:

02/24/2007

Staff Signature:

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574309. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic. Step 5: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Database v Accounting v HR v Call Center v **Email** Applications v SiteMap QUICK LINKS >> Click Here To Select v **Treatment Record Laser Settings** 1 - 2 - 3 - 4 - 5 **Client Information Microdermabrasion Chart** Patient Name: Zufan Tsegai VI Skin Type: VI DOB: Hair Color: Black Center Name: Treatment Area: Microderm Technician: (Employee ID) Is Client Tan?: NO Microdermabrasion Chart Settings **Body Part** Treatment Settings 219664574309 02/24/2007 Face 40 - 50 Notes Answer Questions 1-4 1. Post Treatment skin reaction? 2. AmeriPure Post Treatment Lotion applied? 2a. AmeriPure sun block applied? Yes ○ No 3. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct.

ILM

Update Chart

Step 6/Photos: Chart # 219664574309 Photos

[Close Window]

Zufan Tsegai VI



ALCMA52

Action:

[Return To Client Charting]

Patient Chart ID 219664639208 History Chart ID #: 219664639208

Date Created:

2007-03-19 17:55:08.28

2007-03-19 17:42:06.267

Transactions Processed		**********
Date Actioned	Action Taken	Actioned By
2007-03-19 17:42:02.19	Verified Hipaa/Consent Forms Signed	ALCMA52
2007-03-19 17:42:06.267	Step 1 Completed	ALCMA52
2007-03-19 17:42:06.267	Chart Created	ALCMA52
2007-03-19 17:42:09.52	Step 2 Completed	ALCMA52
2007-03-19 17:42:09.52	Skin Type Assessment Submited	ALCMA52
2007-03-19 17:52:04.227	Step 3 Completed	ALCMA52
2007-03-19 17:52:04.227	Treatment Record Q1 Completed	ALCMA52
2007-03-19 17:52:15.54	Step 4 Completed	ALCMA52
2007-03-19 17:52:15.54	Treatment Record Q2 Completed	ALCMA52
2007-03-19 17:52:35.587	Step 5 Completed	ALCMA52
2007-03-19 17:52:35.587	Treatment Record Settings Completed	ALCMA52
2007-03-19 17:52:44.383	Step 5 Completed	ALCMA52
2007-03-19 17:52:44.4	Treatment Record Settings Completed	ALCMA52
2007-03-19 17:52:52.793	Photo Uploaded	ALCMA52
2007-03-19 17:55:08.267	Step 3 Completed	ALCMA52
2007 02 10 17 55 00 00		

Treatment Record Q1 Completed

HR v

American Laser Centers Intranet Scheduler v

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

1 - 2 - 3 - 4 - 5

Announcements Applications v

SiteMap

Database v

Accounting v

ALC Learning v

Marketing v

Call Center v

Ameripure v

QUICK LINKS >>

Click Here To Select v

Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

Announcements	can Laser Cent			Monday, April 2	6, 2010		ALCPart	ner Scheduler Applicat Velcome afrench: [Log
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Skill Type	Assessment	t Form					(1) - (2)	- (3) - (4) - (5)
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3. What is the	color of your st	cin?	O Chestri	ut/Dark Blonde	O Dark Brow	n	Black	
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O Many		0. 50						•
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2. 10 What deg	ree does your s	kin turn brown?			0 110.07 0011	.5	O Never Burn:	S
O Harldy/I	NOT AT All	 Light Color Tan 	 Medium 	Tan	O Tans Easily			
3. Do you turn	brown within s	everal hours after sun e	xposure?		O rails casily		Turns Dark	Brown Quickly
O Never		○ Seldom	O Sometin	nec				
4. How does yo	ur face react to	the sun?	0 00		Often		Always	
	rsitive	 Sensitive 	O Normal					
Tanning Habits		o	O Nomai		 Very Resista 	ant	O No Problem	į
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O More Tha	in 3 Months	C to suit, famps or crear						
2. Was the treat	ment area ever	O 2 to 3 Months	0 1 to 2 M	onths	O Less Than 1	Month		Woole
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		O Hardly Ever	 Sometime 	ies	O Often			I
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f Mother is of Afri	can American or	East Indian descent add					☑ 10 Points	
****	CON MINICIPALITY OF	cast Indian descent add					☐ 10 Points	
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Zufan Tsegai VI (Patient ID 219664) Chart number 219664639208. Chart completed on 03/19/2007 for treatment at the Brighton MA clinic. Step 3: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Call Center v ALC Learning v Applications v SiteMap QUICK LINKS >> Click Here To Select v 10 - 22 - 33 - 43 - 33 **Treatment Record Questionnaire 1** Patient Information Patient Name: Zufan Tsegai VI Please verify the questions highlighted in this color are correct Treatment Area: Microderm before proceeding. Treatment Number: Skin Type: Please fill out questions 1-10 1. Have you been diagnosed with diabetes, lupus, sarcoidosis, cancer, skin disorder, seizure disorder, numbness in the area to be treated, HIV positive or multiple sclerosis?* O Yes O No If YES, please specify: N/A Do you have a pacemaker or any internal metal device?* O Yes O No If YES, please specify: N/A 3. Are you or do you think you may be pregnant?* ○ Yes ○ No Have you ever had a cold sore in treatment area?* ○ Yes · O No If YES, do you have Valtrex at home? O Yes O No Please list all medications, even those over-the-counter medications and medicinal herbs you take: 6. Are you tan?* ○ Yes ◎ No When was your last sun exposure, self-tanning lotions applied, and/or tanning booth exposure to the area we will treat today?* Over a month Are you on Accutane?* ○ Yes ⊙ No 8. Have you had any hormonal changes including menopause?* ○ Yes ○ No If YES, please specify: N/A 9. Are you on chemo or radiation therapy?* $^{\circ}$ Yes $^{\circ}$ No If YES, please specify: $\boxed{\text{N/A}}$ 10. Do you have vitiligo or a history of vitiligo?* ○ Yes ⊙ No Date: Signature: 03/19/2007 Update Questionnaire --->

^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664639208. Chart completed on 03/19/2007 for treatment at the Brighton MA clinic. Step 4: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 **Announcements** Scheduler v Database v Accounting v HR v ALC Learning v Call Center v Ameripure v Applications v SiteMap QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 2** 10-2-3-4-5 **Patient Information Patient Name:** Zufan Tsegai VI Treatment Area: Microderm Treatment Number: 1 Skin Type: VI Please fill out questions 1-8 1. Is patient on AmeriPure Skin Care?* O Yes O No If no, then introduce products to your patient. 2. Have photos been taken?* $^{\circ}$ Yes $^{\circ}$ No $^{\circ}$ (Take before all treatments) 3. Is patient tan BY YOUR ASSESSMENT?* O Yes O No Date of last exposure: More Than A Month 4. Client comments on improvement: 20 - 49% Moderate 5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment? 6. Did patient use topical anesthetic cream?* O Yes O No If yes, wipe off with water thoroughly. Does the patient have keloid scarring?* O Yes O No

Update Questionnaire 2-->

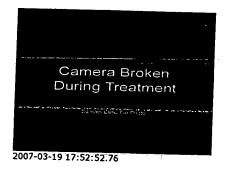
* These Are Required Fields

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Applications v SiteMap	ALC Learning v Marketing v	Call Center v	Ameripure v	Email
Treatment Record Laser Settings		QUIC	K LINKS >>	Click Here To Select
-Client Information			① - ② -	· ③ - ④ - ⑤
M-AT A AL	Microdermabrasion Chart			
Patient Name: Zufan Tsegai VI DOB:	Skin Type:	IV		
Center Name:	Hair Color:	Black		
Technician: (Employee ID) 829087	Treatment Area:	Microderm		ĺ
(111-11-11-11-11-11-11-11-11-11-11-11-11	Is Client Tan?:	NO		
Microdermabrasion Chart Settings				
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. AmeriPure Post Treatment Lotion applied?		- 1		
a. AmeriPure sun block applied?				
. Post Instructions have been given verbally and written-on first treatment	t?	1		
verify that this form is complete and correct.				
ate: Staff Signature:				
			-	
3/19/2007				1
			Upd	ate Chart
				1

Step 6/Photos: Chart # 219664639208 Photos

[Close Window]

Zufan Tsegai VI



[Return To Client Charting]

Patient Chart ID 2196643383254 History
Chart ID#: 2196643383254
Date Created: 2009-01-25 14:05:44.023

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2009-01-25 14:05:39.177	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-01-25 14:05:44.023	Step 1 Completed	ALCNY53
2009-01-25 14:05:44.023	Chart Created	ALCNY53
2009-01-25 14:05:53.833	Step 2 Completed	ALCNY53
2009-01-25 14:05:53.833	Skin Type Assessment Submited	ALCNY53
2009-01-25 14:05:59.663	Step 3 Completed	ALCNY53
2009-01-25 14:05:59.663	Treatment Record Q1 Completed	ALCNY53
2009-01-25 14:06:11.303	Step 4 Completed	ALCNY53
2009-01-25 14:06:11.303	Treatment Record Q2 Completed	ALCNY53
2009-01-25 14:06:26.477	Chart Laser Test Settings Submitted	ALCNY53
2009-01-25 14:07:03.23	Step 5 Completed	ALCNY53
2009-01-25 14:07:03.23	Treatment Record Settings Completed	ALCNY53
2009-01-25 14:47:52.307	Photo Uploaded	AI CNY53

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Patient Info	rmation							(1) - (2) -	3-4-3
Patient Nan Freatment / Freatment / Skin Type:	rea:	Zufan Tsegai Arms Under 3 VI	VI		Pleas befor	se verify the que proceeding.	uestions highli	ghted in this	color are correct
Please fill o	ıt question	s 1-10							
1. Have you	ı been diagı	nosed with diabe	tes, lupus, sarcoidos	is, cancer,	skin disorder, seizu	re disorder, nur	nbness in the ar	ea to be treate	d HIV positive
	le sclerosis: lease specif		lo						o, positive
,									j
If YES, p	ave a pacen lease specif	nake <u>r or any inte</u> v: N/A	mal metal device?*	O Yes @	No				ł
1									
	r do you thi	ink you may be j	oregnant?* O Yes	No No No No No No No					į
Have you	ever had a	cold sore in trea	tment area?* O Ye	. O No					
If YES, do	you have \	/altrex at home?	O Yes O No	3 - 140					
. <u>Please list</u>	all medicat	tions, even those	over-the-counter m	edications :	and medicinal hosts				1
					and medicinal field	s you take:			[
Are you ta When was	in?* Oyes your last so	s [©] No <u>un exposure, sei</u>	f-tanning lotions app	lied, and/o	r tanning booth exp	oosure to the ar	ea we will treat (odav?*	
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Are you or	Accutane?	* ^O Yes [⊚] No							
Have you I If YES, ple	nad any hon ase specify:	monal changes i N/A	ncluding menopause	?* O Yes	⊚ No				
Are you on If YES, plea	chemo or rase specify:	adiation therapy	?* O Yes @ No			-			
Do you hav	e vitiligo or	a history of vitil	igo?* ^O Yes [⊚] No						-
	gnature:								
				 -		·			
/25/2009					<i>//</i>				

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383254. Chart completed on 01/25/2009 for treatment at the Upper West clinic. Step 4: American Laser Centers Intranet ALCPartner Scheduler Application 1 Welcome afrench: [Logout] Monday, April 26, 2010 Announcements Scheduler v Accounting v ALC Learning v Call Center v SiteMap Ameripure v Email QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 2** 1 - 2 - 3 - 4 - 3 **Patient Information Patient Name:** Zufan Tsegai VI Treatment Area: Arms Under Treatment Number: Skin Type: Please fill out questions 1-8 1. Is patient on AmeriPure Skin Care?* O Yes O No If no, then introduce products to your patient. 2. Have photos been taken?* [®] Yes ^O No (Take before all treatments) Is patient tan BY YOUR ASSESSMENT?* O Yes O No Date of last exposure: More Than A Month 4. Client comments on hair reduction: 0 - 9% None 5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment? 6. Did patient use topical anesthetic cream?* O Yes O No If yes, wipe off with water thoroughly. 7. Does the patient have keloid scarring?* O Yes O No

Update Questionnaire 2 --->

^{*} These Are Required Fields

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Americ	can Laser C	Centers Intranet			Monday, April 26	, 2010		ALCPartn W	er Scheduler Applicati elcome afrench: (Log
Announcements Applications v	Scheduler s SiteMap		Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
							QUIC	KLINKS >>	Click Here To Sele
Treatment	Record L	.aser Settings						① - ② -	3-4-3
Client Inform	ation				Laser Hair	Removal Chart		·	
Client Name:		Zufan Tsegai \	Л		Skin Type:		VI		
Center Name:	!	Oppose stant			Hair Color:		Black		
Technician: (i	Employee II				Is Client T		Arms Under NO		
Laser for Pro- Laser Selected		e (OLD)							
Laser Test Are	ea Test Area								
	Face - Left fo	rehead or behind ears							
Laser Test Set # ID	tings	Date	Skin Type	RF		OF	ISM	1	ser
5 2196	643383254	01/25/2009	I		mal	F 10 - T 12			erilase (OLD)
Laser Hair Ren	noval Chart	Settinas							
# ID		Date	Skin Type	RF	0		ISM	La	Ser
3 21900	43383254	01/25/2009	VI	Norr	nal 1	2	1 - 7	An	nerilase (OLD)
2. Was ice pack : 3. Post Treatmer I. AmeriPure Pos Ia. AmeriPure su	uble passed? De changed (if applied? Out skin reaction St Treatment In block appli	f skin type I - III)? 9 Yes O No on? Lotion applied?) Yes O No		y ⊚ Yes O n	io			
	s form is co	mplete and correct	•						
ate: Sta	off Signature								
01/25/2009								Upda	te Chart

Step 6/Photos: Chart # 2196643383254 Photos

[Close Window]

Zufan Tsegai VI



Action:

[Return To Client Charting]

Patient Chart ID 2196643383258 History
Chart ID#: 2196643383258
Date Created: 2009-01-25 14:07:17.48

Transactions Processed	••	
Date Actioned	Action Taken	Actioned By
2009-01-25 14:07:13.853	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-01-25 14:07:17.463	Step 1 Completed	ALCNY53
2009-01-25 14:07:17.48	Chart Created	ALCNY53
2009-01-25 14:07:17.48	Step 2 Completed	ALCNY53
2009-01-25 14:07:17.48	Skin Type Assessment Submited	ALCNY53
2009-01-25 14:07:17.493	Step 3 Completed	ALCNY53
2009-01-25 14:07:17.493	Treatment Record Q1 Completed	ALCNY53
2009-01-25 14:07:17.557	Step 4 Completed	ALCNY53
2009-01-25 14:07:17.557	Treatment Record Q2 Completed	ALCNY53
2009-01-25 14:07:30.34	Chart Laser Test Settings Submitted	ALCNY53
2009-01-25 14:07:54.62	Step 5 Completed	ALCNY53
2009-01-25 14:07:54.62	Treatment Record Settings Completed	ALCNY53
2009-01-25 14:08:00.873	Photo Uploaded	ALCNY53

HR v

American Laser Centers Intranet **Announcements**

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Scheduler v

Accounting v

Marketing v Call Center v

Ameripure v

Create Chart For Patient

QUICK LINKS >> 1 - 2 - 3 - 4 - 5

Click Here To Select v

Procedures

Select Procedure(s) for Chart: Bikini Brazillan

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

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Light Color Tan	 Medium Tan 	 Tans Easily 	
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ct to the sun?			
 Sensitive 	O Normal	 Very Resistant 	O No Problem
osure to sun, lamps or crear	n?		
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exposed?			
O Hardly Ever	Sometimes	Often	O Always
an or East Indian descent add			☑ 10 Points
an or East Indian descent add			☐ 10 Points
fic Islanders, Mediteranean, or	native or indigenous to the Ame	ricas add	☐ 5 Points
	Several Several Several Seed to the sun how would yet Seels Seldom Seldom Seldom Seldom Selto the sun? Seldom Seldom Sensitive Sensure to sun, lamps or cream Seldom Hardly Ever Sensore to sun, lamps or cream Hardly Ever Sensore to sun, lamps or cream Sensore to sun,	O Very Pale O Several O Few Several O Few Several O Few Several O Few Several O Blistering/Peeling O Burns Sometimes/Peels Our skin turn brown? O Light Color Tan O Medium Tan Seldom O Sometimes O Seldom O Sometimes O Sensitive O Normal O Sensitive O Normal O Several O Sensitive O Normal O Sensitive O Normal O Sensitive O Sometimes O Sometimes O Sometimes O Sometimes O Sometimes O Sometimes O Sometimes	O Very Pale O Pale O Light Brown O Several O Few O Incidental O Several O Few O Incidental O Seed to the sun how would your skin react? O Seed to the sun how would your skin react? O Seed to the sun how would your skin react? O Light Color Tan O Medium Tan O Tans Easily O Tans Easily O Seldom O Sometimes O Often O Sensitive O Normal O Very Resistant O Sensitive O Normal O Less Than 1 Month O Despression O Sometimes O Often O Sensitive O Sometimes O Less Than 1 Month O Despression O Sometimes O Often

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383258. Chart completed on 01/25/2009 for treatment at the Upper West clinic. Step 3: ALCPartner Scheduler Application 1 American Laser Centers Intranet Monday, April 26, 2010 Welcome afrench: [Logout] Scheduler v **Announcements** Database v Accounting v HR v ALC Learning v Marketing v Call Center v Ameripure v Email Applications v SiteMap QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 1** 10-2-3-4-5 **Patient Information** Patient Name: Zufan Tsegai VI Please verify the questions highlighted in this color are correct Treatment Area: Bikini Brazilian Treatment Number: before proceeding. Skin Type: V١ Please fill out questions 1-10 1. Have you been diagnosed with diabetes, lupus, sarcoidosis, cancer, skin disorder, seizure disorder, numbness in the area to be treated, HIV positive or multiple scienosis?* O Yes O No If YES, please specify: N/A Do you have a pacemaker or any internal metal device?* $^{\circ}$ Yes $^{\circ}$ No If YES, please specify: N/A 3. Are you or do you think you may be pregnant?* ○ Yes ◎ No Have you ever had a cold sore in treatment area?* ○ Yes ⊙ No If YES, do you have Valtrex at home? ○ Yes ⊙ No Please list all medications, even those over-the-counter medications and medicinal herbs you take: 6. Are you tan?* O Yes ⊙ No When was your last sun exposure, self-tanning lotions applied, and/or tanning booth exposure to the area we will treat today?* Are you on Accutane?* ○ Yes ○ No Have you had any hormonal changes including menopause?* ○ Yes ○ No If YES, please specify: N/A Are you on chemo or radiation therapy?* O Yes O No If YES, please specify: N/A Do you have vitiligo or a history of vitiligo?* ○ Yes ○ No Date: Signature: 01/25/2009 Update Questionnaire ---> These Are Required Fields

American Laser	Centers Intranet			Monday, April 2	6, 2010			er Scheduler Application ekome afrench: (Logou
nnouncements Schedule	r v Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
						QUIC	K LINKS >>	Click Here To Select
reatment Record	Questionnaire	2			•		①-②-	3-4-3
Patient Information								-
Patient Name:	Zufan Tsegai VI				×.			
Treatment Area:	Bikini Brazilian							
Treatment Number: Skin Type:	ı Vî							
Please fill out questions 1. Is patient on AmeriPu		s [⊚] No Ifr	o, then in	troduce products t	o vour patient.			
Is patient on AmeriPur Have photos been take Is patient tan BY YOUF Date of last exposure:	re Skin Care?* O Yes en?* O Yes O No KASSESSMENT?* O	(Take before			o your patient.			
 Is patient on AmeriPul Have photos been take Is patient tan BY YOUF 	re Skin Care?* O Yes en?* O Yes O No A ASSESSMENT?* O More Than A Month	(Take before Yes [©] No			o your patient.			

Update Questionnaire 2 --->

^{*} These Are Required Fields

Step 5:	(Patient 1D 21	nters Intranet			Monday, April 20	5. 2010		ALCPartn	er Scheduler Application
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	ekome afrench: [Logou
							OHICK	LINKS >>	
Treatment	Record La	ser Settings					QUICK!		Click Here To Select 3 - 4 - 5
Client Inform	ation				Laser Hair	Removal Char	•		<u> </u>
Client Name:		Zufan Tsecai V	/I		Skin Type		VI		
DOB: Center Name:		•			Hair Color		Black		
		opper west			Treatment	Area:	Bikini Brazilian	,	
Technician: (E	mployee ID)	822040			Is Client T	an?:	NO		
Laser for Proc Laser Selected		(dic)							
Laser Test Are ID	a Test Area								
	Face - Left foreh	ead or behind ears							
Laser Test Set	tings								
# ID 21966		Date	Skin Type	RF		OF	ISM		
13 21966	43383258	01/25/2009	1	Non	mal	F 10 - T 12	F[Las 8 Ame	erilase (OLD)
Laser Hair Rem									
		ate 1/25/2009	Skin Type VI	RF Norm	0		ISM	Las	er
				NOTE	naf 17	<u> </u>	1 - 7	Am-	erilase (OLD)
Notes			·		······································				
rf30 long					***************************************		 -		
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Answer Questio	ns 1-5								
1. Was client dou		○ Yes ® No							
la. Was skin type			O Yes ⊚ No	_					•
2. Was ice pack a		es O No	165 116	,			ŀ		
3. Post Treatment	skin reaction?	es v No					į		
		L							
. AmeriPure Post			Yes O No						
a. AmeriPure sun	block applied?	O Yes ® No	•						
. Post Instruction	s have been gi	ven verbally and v	vritten-on first t	treatment?	⊚ Yes O No	.	1		
verify that this		ete and correct.							
ate: Staff	Signature:								
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1/25/2009				X					

Step 6/Photos: Chart # 2196643383258 Photos

Zufan Tsegai VI

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 2196643580691 History Chart ID #: 2196643580691

Date Created:

2009-03-08 13:57:32.193

Transactions	Processed
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Transactions Processed		
Date Actioned	Action Taken	Actioned By
2009-03-08 13:57:28.677	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-03-08 13:57:32.193	Step 1 Completed	ALCNY53
2009-03-08 13:57:32.193	Chart Created	ALCNY53
2009-03-08 13:57:41.74	Step 2 Completed	ALCNY53
2009-03-08 13:57:41.74	Skin Type Assessment Submited	ALCNY53
2009-03-08 13:57:46.397	Step 3 Completed	ALCNY53
2009-03-08 13:57:46.41	Treatment Record Q1 Completed	ALCNY53
2009-03-08 13:57:57.007	Step 4 Completed	ALCNY53
2009-03-08 13:57:57.007	Treatment Record Q2 Completed	ALCNY53
2009-03-08 13:58:11.287	Chart Laser Test Settings Submitted	ALCNY53
2009-03-08 13:59:01.337	Step 5 Completed	ALCNY53
2009-03-08 13:59:01.337	Treatment Record Settings Completed	ALCNY53
2009-03-08 14:41:24.827	Photo Uploaded	ALCNY53
	opioagoa	ALCIVY 33

Step 1: American Laser Centers Intranet

Scheduler v

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

10-2-3-4-5

Announcements

Accounting v

HR v ALC Learning v Marketing v

Call Center v

Ameripure v

QUICK LINKS >>

Click Here To Select v

Create Chart For Patient

Procedures

Select Procedure(s) for Chart: Arms Under

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

	can Laser Cen				Monday, April 2	6, 2010		ALCParts W	er Scheduler App ekome afrench:
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Cali Center v		Email
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Skin Type	Assessmen	t Form						(1) - (2) ·	3-4-
			***	Please	verify the quest	ions highlighte	d in this col	or are correct b	
Genetic Dispo 1. What is the	sition color of your e	eyes?							
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2. What is you	ır natural hair c	color?		0 0.20		O Dark Bro	wn	⊗ Brown/Black	k
Sandy	Red	O Blond	le .	○ Chestr	ut/Dark Blonde	O Darde Bee			
3. What is the	color of your s	kin?		O	Suik biolide	O Dark Bro	WII		
 Reddisi Do you have 	h	O Very	Pale	O Pale	•	O Light Bro	own		
O Many		Sever	al	○ Few		O Incidenta	al .	None	
Reaction to Su 1. If you when	e over exposed	to the sun ho	w would you	r skin react	7			-	
 Rednes 	s/Blistering/Peel:	s O Bliste	ring/Peeling		Sometimes/Peels	⊙ Rarely Bu	ıme	O Novos Burns	
L. To what deg	ree does your :	skin turn brow	m?			© ranciy be	11113	O Never Burns	
O Harldy/		Light	Color Tan	 Mediun 	n Tan	O Tans Easi	ilv	⊙ Turns Dark 6	Omere Outeld
. Do you turn	brown within s	several hours a	ifter sun exp	osure?		0 12.15 235	.,	O TUTTIS DAIR (Prown Quickly
O Never		Seldor	m	O Someti	mes	O Often	•	⊚ Always	
. How does yo	our face react to	o the sun?				0 5.16.7		© Aiways	
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anning Habits	1					O 14.7 Aug.	Stone	O NO FIODIEIII	
. When was yo	our last exposu	re to sun, lam	ps or cream?						
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	tment area exp	osed?				Ç ==== ///	- / 1011611	C CC35 mail 2	**CCKS
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Mother is of Afr	rican American o	r East Indian de	scent add						
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otal Score dn Type Score	38		** **********************************	Update Assess	ment				
dn Type Score 0 to 8	Skin Type								
9 to 16	- 11								
17 to 24	- 111								

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Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580691. Chart completed on 03/08/2009 for treatment at the Upper West clinic. ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 **Announcements** Scheduler v Database v HR v ALC Learning v Marketing v Call Center v Ameripure y SiteMap Email QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 2** 1-2-3-4-5 Patient Information Patient Name: Zufan Tsegai VI Treatment Area: Arms Under **Treatment Number:** Skin Type: VI Please fill out questions 1-8 1. Is patient on AmeriPure Skin Care?* O Yes O No If no, then introduce products to your patient. 2. Have photos been taken?* $^{\odot}$ Yes $^{\bigcirc}$ No $^{\circ}$ (Take before all treatments) 3. Is patient tan 8Y YOUR ASSESSMENT?* O Yes O No Date of last exposure: 1 Days 4. Client comments on hair reduction: 20 - 49% Moderate 5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment? 6. Did patient use topical anesthetic cream?* O Yes O No If yes, wipe off with water thoroughly. Does the patient have keloid scarring?* O Yes O No Update Questionnaire 2 --->

^{*} These Are Required Fields

Zufan Tsegal VI (Patient ID 219664) Chart number 2196643580691. Chart completed on 03/08/2009 for treatment at the Upper West clinic. Step 5: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Database v Accounting v ALC Learning v Marketing v Call Center v Email Applications v QUICK LINKS >> Click Here To Select v **Treatment Record Laser Settings** 1 - 2 - 3 - 4 - 3 **Client Information** Laser Hair Removal Chart **Client Name:** 7ufan Tsegai VI Skin Type: ٧I DOB: Hair Color: Black Center Name: Upper west Treatment Area: Arms Under Technician: (Employee ID) 822028 Is Client Tan?: NO Laser for Procedure Laser Selected AmeriLight (OLD) Laser Test Area
ID Test Area
219664399248 Face - Left forehead or behind ears **Laser Test Settings** ID Date Skin Type RF ISM 2196643580691 Laser 03/08/2009 Normal Amerilight (OLD) Laser Hair Removal Chart Settings ID Date Skin Type OF ISM Laser 2196643580691 03/08/2009 VI Normal Amerilight (OLD) 14/25(RF), Long **Answer Questions 1-5** 1a. Was skin type changed (if skin type I - III)? 2. Was ice pack applied? O Yes ⊕ No 3. Post Treatment skin reaction? 4. AmeriPure Post Treatment Lotion applied?

[◎] Yes

[○] No 5. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct. Date: Staff Signature: 03/08/2009 Update Chart

Step 6/Photos: Chart # 2196643580691 Photos

Zufan Tsegai VI

[Close Window]



* These Are Required Fields

lufan Tsegai V	/I (Patient)	ID 219664)	Chart num	ber 2196643	580696.	Chart completed	on 03/08/200	9 for treatmen	t at the Uppe	r West clin	ıic.
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Treatmer		Questic	onnaire :	1					① - ② -	3-4) - (3)
Patient Info Patient Nan Treatment I Treatment I Skin Type:	ne: Area:	Zufan Tse Bikini Bra: 4 VI				Plea befo	se verify the que proceeding.	 uestions highli	ighted in this	color are (correct
Please fill o	ut question	s 1-10									
If YES, p	ou been diag ple sclerosis please specif	/* ~ YAC	iabetes, lup [⊙] No	us, sarcoidosi	s, cancer,	skin disorder, seiz	ure disorder, nu	mbness in the a	rea to be treate	ed, HIV pos	itive
2. Do you t If YES, p	have a pacer please specif	makerorany y: N/A	internal me	tal device?*	○ _{Yes} ⊚	No No	·····				
2	·		be pregnant	t?* ○ Yes	● No						
4. Have you	u ever had a	cold sore in	treatment a	rea?* O Yes	o No						
		Valtrex at ho tions, even t			edications	and medicinal her	os you take:				
6. Are you t	an?* ○ Ye	No		 		r tanning booth ex		rea we will treat	today?*		
7 Are you o	n Accutane?	* O Yes	⁹ No					•			
8. Have you If YES, ple	had any hor ease specify	monal chance: N/A	ges including	menopause	?≠ ^O Yes	⊚ No					
9. Are you or If YES, ple	n chemo or rease specify:	adiation the	rapy?* O	Yes [⊙] No							
l0. Do you ha	ve vitiligo o	a history of	vitiligo?*	O Yes ⊚ No)						
ate: S	ignature:										
3/08/2009							· · · · · · · · · · · · · · · · · · ·		Undate O	estionnaire	
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American Laser C			•	Monday, April 2	6, 2010		ALCPartn We	er Scheduler Application elcome afrench: (Logo:
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-						QUIC	K LINKS >>	Click Here To Select
Treatment Record (2uestionnaire	2					1 - 2 -	3-4-5
Patient Information Patient Name: Treatment Area: Treatment Number: Skin Type:	Zufan Tsegai VI Bikini Brazilian 1 VI].					
Please fill out questions 1 1. Is patient on AmeriPure 2. Have photos been taken?	Skin Care?* O Yes				o your patient.			
3. Is patient tan BY YOUR A Date of last exposure: [4. Client comments on hair	SSESSMENT?* O	Yes [⊚] No	on Geaufic	aits)				
5. How long did patient stay Any concerns from last tr	pink?* 0 - 10 Mins	e moderate]					
c		0						1
Did patient use topical an	esthetic cream?*	∨ Yes ♥ No	ir yes, v	vipe off with water	thoroughly.			į

* These Are Required Fields

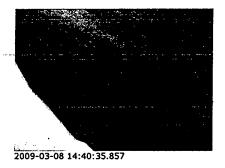
Step 5: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Accounting v HR v Marketing v ALC Learning v Call Center v Applications v QUICK LINKS >> Click Here To Select v **Treatment Record Laser Settings** 1 - 2 - 3 - 4 - 5 **Client Information** Laser Hair Removal Chart **Client Name:** 7ııfan Teanai VI Skin Type: DOB: Hair Color: Black Center Name: Upper West Treatment Area: Bikini Brazilian Technician: (Employee ID) 822028 Is Client Tan?: NO Laser for Procedure Laser Selected AmeriLight (OLD) Laser Test Area Test Area 219664399273 Face - Left forehead or behind ears Laser Test Settings ID Skin Type RF ISM 2196643580696 03/08/2009 VI F 10 Normal f ī Amerilight (OLD) Laser Hair Removal Chart Settings ID Date Skin Type RF OF ISM Laser 2196643580696 03/08/2009 Normal VI Amerilight (OLD) Notes 14/25(RF), Long **Answer Questions 1-5** Was dient double passed? ○ Yes ○ No 1a. Was skin type changed (if skin type I - III)? 2. Was ice pack applied? ● Yes O No 3. Post Treatment skin reaction? 4. AmeriPure Post Treatment Lotion applied? 4a. AmeriPure sun block applied? [◎] Yes [○] No 5. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct. Staff Signature: 03/08/2009 Update Chart

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580696. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 6/Photos: Chart # 2196643580696 Photos

Zufan Tsegai VI

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 2196643580699 History
Chart ID#: 2196643580699
Date Created: 2009-03-08 14:01:11.843

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2009-03-08 14:01:08.86	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-03-08 14:01:11.843	Step 1 Completed	ALCNY53
2009-03-08 14:01:11.843	Chart Created	ALCNY53
2009-03-08 14:01:11.89	Step 2 Completed	ALCNY53
2009-03-08 14:01:11.89	Skin Type Assessment Submited	ALCNY53
2009-03-08 14:01:11.89	Step 3 Completed	ALCNY53
2009-03-08 14:01:11.923	Treatment Record Q1 Completed	ALCNY53
2009-03-08 14:01:11.923	Step 4 Completed	ALCNY53
2009-03-08 14:01:11.923	Treatment Record Q2 Completed	ALCNY53
2009-03-08 14:01:24.237	Step 5 Completed	ALCNY53
2009-03-08 14:01:24.237	Treatment Record Settings Completed	ALCNY53
2009-03-08 14:01:37.863	Step 5 Completed	ALCNY53
2009-03-08 14:01:37.91	Treatment Record Settings Completed	ALCNY53
2009-03-08 14:39:10.71	Photo Uploaded	ALCNY53

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Ameri	can Laser Cen	iters Intranet			Monday, April 26	, 2010		AL				oplication :: [Logo:
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Skin Type	Assessmen	t Form				•		①-	(2)-	(3)	4	- (3)
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Genetic Dispo	osition e color of your	eyes?										
O Light	Blue, Green	Gray		0	Blue	Dark Br	own	Brow	n/Blac	k		
2. What is yo	ur natural hair	color?										1
O Sandy	Red	O Blone	de	0	Chestnut/Dark Blonde	Dark Br	own	Black	:			ľ
4	e color of your :	skin?										J
O Reddi:		O Very	Pale	0	Pale	Light Br	nwo	⊙ Dark	Brown			- 1
4. Do you hav	re freckles?											ĺ
O Many		Seve	ral	0	Few	 Incident 	tal	None				1
Reaction to S 1. If you whe	un Exposure re over expose:	d to the sun ho	w would you	r skin	react?							
O Redne	ss/Blistering/Pee	els O Bliste	ering/Peeling	0 1	Burns Sometimes/Peels	Rarely E	Burns	O Neve	r Burns	5		
2. To what de	gree does your	r skin turn brov	wn?									ł
O Harldy	/Not At All	Light	Color Tan	0 1	4edium Tan	Tans Ea	sily	Turns	Dark I	Brown	Quickl	ly
3. Do you turi	n brown within	several hours	after sun exp	osure	?							I
Never		Seldo	om	0 :	Sometimes	Often		Alway	/S			l
4. How does y	our face react	to the sun?										ļ
	ensitive	Sens	itive	01	lormal	Very Re	sistant	O No Pr	oblem			
Tanning Habit	s											
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	han 3 Months	O 2 to 3	3 Months	0 :	to 2 Months	Less That	n 1 Month	O Less	ſhan 2	Weeks	5	
2. Was the tre	atment area ex	rposed?	•									
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If Father is of A	frican American	or East Indian d	lescent add					Ø 10 Po	ints			
If Mother is of A	African American	or East Indian	descent add					□ 10 Po	ints			
				4 !								
If Latin America	in, Asian-Pacific	Islanders, Medit	eranean, or na	tive or	indigenous to the Amer	ncas add		☐ 5 Poir	its			
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Skin Type Scor 0 to 8	re Skin Type - I	'										
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Zufan Tsegai VI (Patient ID 219664) Chart number 219664	13580699. Chart completed on 03/08/2009 for t	reatment at the Opper west clinic.
Step 3:		
American Lagar Contara Intronst	Manuface April 25, 2016	ALCPartner Scheduler Appl Welcome afrench

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Marketing v ALC Learning v

Call Center v

artner Scheduler Application 1 Welcome afrench: [Logout]

Ameripure v

1 - 2 - 3 - 4 - 5

Click Here To Select v

Treatment Record Questionnaire 1

Patient Information Patient Name: Treatment Area: Treatment Number: Skin Type:

Zufan Tsegai VI Microderm VI

Please verify the questions highlighted in this color are correct before proceeding.

QUICK LINKS >>

	ase fill out questions 1-10
1.	Have you been diagnosed with diabetes, lupus, sarcoidosis, cancer, skin disorder, seizure disorder, numbness in the area to be treated, HIV positive
	or multiple sclerosis?* O Yes O No If YES, please specify: N/A
2.	Do you have a pacemaker or any internal metal device?* O Yes O No If YES, please specify: N/A
3.	Are you or do you think you may be pregnant?* O Yes ⊙ No
4.	Have you ever had a cold sore in treatment area?* O Yes O No
	If YES, do you have Valtrex at home? ○ Yes ○ No
5.	Please list all medications, even those over-the-counter medications and medicinal herbs you take: N/A
6.	Are you tan?* O Yes O No When was your last sun exposure, self-tanning lotions applied, and/or tanning booth exposure to the area we will treat today?* Over a month
7.	Are you on Accutane?* O Yes ⊕ No
8.	Have you had any hormonal changes including menopause?* O Yes O No If YES, please specify: N/A
9.	Are you on chemo or radiation therapy?* O Yes O No If YES, please specify: N/A
10.	Do you have vitiligo or a history of vitiligo?* O Yes O No
Date	s: Signature:

03/08/2009	L_	Update Questionnaire>
L		

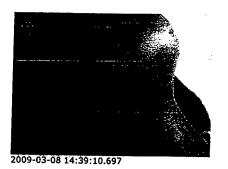
^{*} These Are Required Fields

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Americ	an Laser Cen	iters Intranet	ľ		Monday, April 2	6. 2010		ALCPart	mer Schedul	er Application
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Patient Name:	1	7ufan Tseqai	VI		Skin Type	nabrasion Char		•		ļ
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						an:	NO	·		
<u> Microdermabra</u>	sion Chart Set									
# ID 11 21966	42500000	Date	Body F	Part	Treatment Se	ttings				•
21966	43580699	03/08/2009	Face		1 - 15	7	-			
Votes										
Notes										
	and 1-A									
nswer Questio	ons 1-4									
unswer Questio Post Treatmen	nt skin reaction?		® vas O Na							
Answer Questio I. Post Treatmen 2. AmeriPure Pos	nt skin reaction? at Treatment Lot	tion applied?	[⊚] Yes [○] No							
unswer Questio	nt skin reaction? It Treatment Lot In block applied	tion applied?	No					*		
unswer Questio . Post Treatmen . AmeriPure Pos a. AmeriPure su	nt skin reaction? It Treatment Lot In block applied	tion applied?	No		nt? • Yes •	No		·		
nswer Questio . Post Treatmen . AmeriPure Pos a. AmeriPure su	nt skin reaction? It Treatment Lot In block applied	tion applied?	No		nt? [⊙] Yes ○	No		÷		
Inswer Questio I. Post Treatmen I. AmeriPure Pos II. AmeriPure su II. Post Instructio	nt skin reaction? It Treatment Lot In block applied Ins have been g	tion applied? ? © Yes O	No d written-on fi		nt? [⊙] Yes [○]	No				
Inswer Questio I. Post Treatmen I. AmeriPure Pos I. AmeriPure su I. Post Instructio Verify that this	at skin reaction? It Treatment Lot In block applied In shave been g If form is comp	tion applied?	No d written-on fi		nt?	No				
Answer Questio 1. Post Treatmen 2. AmeriPure Pos 2. AmeriPure su 3. Post Instructio verify that this	nt skin reaction? It Treatment Lot In block applied Ins have been g	tion applied? ? © Yes O	No d written-on fi		nt?	No				
Answer Questio 1. Post Treatmen 2. AmeriPure Pos 2. AmeriPure su 3. Post Instructio verify that this	at skin reaction? It Treatment Lot In block applied In shave been g If form is comp	tion applied? ? © Yes O	No d written-on fi		nt? • Yes •	No				
Inswer Question I. Post Treatmen I. AmeriPure Pos I. AmeriPure su I. Post Instruction	at skin reaction? It Treatment Lot In block applied In shave been g If form is comp	tion applied? ? © Yes O	No d written-on fi		nt? • Yes •	No .				
Answer Questio 1. Post Treatmen 2. AmeriPure Pos 2. AmeriPure su 3. Post Instructio verify that this	at skin reaction? It Treatment Lot In block applied In shave been g If form is comp	tion applied? ? © Yes O	No d written-on fi		nt? • Yes •	No .				
nswer Questio Post Treatmen AmeriPure Pos AmeriPure su Post Instructio Verify that this	at skin reaction? It Treatment Lot In block applied In shave been g If form is comp	tion applied? ? © Yes O	No d written-on fi		nt? • Yes •	No .		U	pdate Chart	

Step 6/Photos: Chart # 2196643580699 Photos

[Close Window]

Zufan Tsegai VI



Action:

[Return To Client Charting]

Patient Chart ID 2196643789284 History Chart ID#: 2196643789284

Date Created:

2009-04-17 19:16:01.363

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2009-04-17 19:15:57.19	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-04-17 19:16:01.333	Step 1 Completed	ALCNY53
2009-04-17 19:16:01.363	Chart Created	ALCNY53
2009-04-17 19:16:09.88	Step 2 Completed	ALCNY53
2009-04-17 19:16:09.897	Skin Type Assessment Submited	ALCNY53
2009-04-17 19:16:20.397	Step 3 Completed	ALCNY53
2009-04-17 19:16:20.427	Treatment Record Q1 Completed	ALCNY53
2009-04-17 19:16:30.21	Step 4 Completed	ALCNY53
2009-04-17 19:16:30.227	Treatment Record Q2 Completed	ALCNY53
2009-04-17 19:16:42.007	Step 5 Completed	ALCNY53
2009-04-17 19:16:42.007	Treatment Record Settings Completed	ALCNY53
2009-04-17 19:16:53.587	Step 5 Completed	ALCNY53
2009-04-17 19:16:53.6	Treatment Record Settings Completed	ALCNY53
2009-04-17 19:17:04.367	Photo Uploaded	ALCNY53

Step 1

American Laser Centers Intranet Scheduler v

SiteMap

Accounting v

Monday, April 26, 2010 ALC Learning v

Marketing v

Call Center v

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Email

Click Here To Select v 1 - 2 - 3 - 4 - 3

Procedures

Applications v

Select Procedure(s) for Chart: Microderm

Create Chart For Patient

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643789284. Chart completed on 04/17/2009 for treatment at the Upper West clinic. Step 2: American Laser Centers Intranet ALCPartner Scheduler Application 1 Monday, April 26, 2010 Welcome afrench: [Logout] Scheduler v **Announcements** Database v Accounting v ALC Learning v Marketing v Ameripure v Applications v SiteMap QUICK LINKS >> Click Here To Select v Skin Type Assessment Form 1 - 2 - 3 - 4 - 3 Please verify the questions highlighted in this color are correct before proceeding. Genetic Disposition 1. What is the color of your eyes? Light Blue, Green O Gray O Blue O Dark Brown ⊕ Brown/Black 2. What is your natural hair color? O Sandy Red O Blonde O Chestnut/Dark Blonde O Dark Brown Black 3. What is the color of your skin? O Reddish O Very Pale O Pale O Light Brown Dark Brown 4. Do you have freckles? O Many Several O Few Incidental None Reaction to Sun Exposure 1. If you where over exposed to the sun how would your skin react? O Redness/Blistering/Peels O Blistering/Peeling O Burns Sometimes/Peels Rarely Burns O Never Burns 2. To what degree does your skin turn brown? O Harldy/Not At All O Light Color Tan O Medium Tan O Tans Easily Turns Dark Brown Quickly 3. Do you turn brown within several hours after sun exposure? O Never O Seldom Sometimes ○ Often 4. How does your face react to the sun? ○ Very Sensitive O Sensitive O Normal O Very Resistant O No Problem **Tanning Habits** 1. When was your last exposure to sun, lamps or cream? More Than 3 Months O 2 to 3 Months O 1 to 2 Months O Less Than 1 Month O Less Than 2 Weeks 2. Was the treatment area exposed? Never O Hardly Ever O Sometimes Often O Always Heritage If Father is of African American or East Indian descent add ☑ 10 Points: If Mother is of African American or East Indian descent add ☐ 10 Points If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add ☐ 5 Points

Summary
Total Score
Skin Type Score 37

Skin Type

II

Ш

ΙV

Skin Type Score 0 to 8

9 to 16

17 to 24

25 to 30

Update Assessment

ZZ	١									Al CParte	er Scheduler Application
ZN			Centers Intr				Monday, April 26	5, 2010		W	elcome afrench: (Log
	runcements cations v	Schectuler SiteMap	v Databas	66 V	counting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
									QUIC	K LINKS >>	Click Here To Sele
Tre	eatment	Record	Question	naire 1						10-20-	3-4-5
Pat Tre	tient Infor tient Name satment Ar satment No n Type:	ea:	Zufan Tsegai Microderm 8 VI	VI			Plea: befo	ee verify the q re proceeding.	uestions highl	ighted in this	color are correct
Ple	ase fill out	questions	1-10		·						
1.	Have you	been diagno	sed with diab	etes, lupu	ıs, sarcoidosi	s, cancer,	skin disorder, seizu	ıre disorder, nu	mbness in the a	rea to be treate	ed. HIV positive
	or multipl	e sclerosis?* ease specify:	· O _{Yes} ⊚	No	· · · · · · · · · · · · · · · · · · ·		•				oo, the positive
2.	Do you ha If YES, ple	ve a pacema ase specify:	ker or any int	emal met	al device?*	O Yes	9 No				
3.	Are you or	do you thin	k you may be	pregnant	?* O Yes	⊚ No					
4.			old sore in tre			o No					
	If YES, do	you have Va	iltrex at home	? O Ye	s [⊙] No						
5.	Please list N/A	all medication	ons, even thos	e over-th	e-counter m	edications	and medicinal hert	os you take:			
6.	Are you ta When was Over a mor	n?* OYes your last sui	[⊙] No n exposure, so	elf-tannin	g lotions app	lied, and/	or tanning booth ex	posure to the a	rea we will treat	today?*	
7.	Are you on	Accutane?*	○ Yes ⊚	No							
3.	Have you h If YES, plea	ad any hom se specify:	nonal changes	including	menopause	?∗ ○ Ye	s [®] No				i
) .	Are you on If YES, plea	chemo or ra se specify:	diation therap	y?* O v	∕es [⊚] No						
LO.	Do you hav	e vitiligo or a	a history of vi	tiligo?*	O Yes ⊚ N	o o					
ate	: Si	gnature:									
4/1	7/2009				>					Update O	uestionneire>

* These Are Required Fields

Ameri	can Laser Ce	nters Intranet			Monday, April 2	6, 2010		ALCPartne We	er Scheduler Application Icome afrench: (Logo
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
			ė				QUIC	K LINKS >>	Click Here To Selec
Treatment	Record Q	uestionnaire	2					① - ② -	3-4-3
Patient Infor Patient Name Treatment Ar Treatment No	ea:	Zufan Tsegai VI Microderm 1							
Skin Type:		VI							
Please fill out	questions 1-	8			·				
1. Is patient	on AmeriPure S	kin Care?* O Ye	s [⊙] No Ifr	oo. then in	troduce products t	o vour patient.			. [
		∘ o Yes O No				- / /			
3. Is patient t	an BY YOUR AS	SESSMENT?* O			,				
4. Client com	nents on impro	vement: 20 - 499	% Moderate		3				ĺ
	id patient stay ns from last tre	pink?* 0 - 10 Mins atment?]	1				
6. Did patient	use topical and	sthetic cream?*	O Yes ⊙ No	If yes,	wipe off with water	r thoroughly.			
7. Does the pa	tient have kelo	id scarring?* O	Yes [⊙] No						

Update Questionnaire 2 --->

^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643789284. Chart completed on 04/17/2009 for treatment at the Upper West clinic. Step 5: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Database v Accounting v HR v ALC Learning v Marketing v Call Center v Ameripure v Email QUICK LINKS >> Click Here To Select v **Treatment Record Laser Settings** 1-2-3-4-3 **Client Information Microdermabrasion Chart Patient Name:** Zufan Tsegai VI Skin Type: VI DOB: Hair Color: Black Center Name: upper west Treatment Area: Microderm Technician: (Employee ID) 822048 Is Client Tan?: NO Microdermabrasion Chart Settings Treatment Settings ID **Body Part** 2196643789284 04/17/2009 Face Notes Answer Questions 1-4 1. Post Treatment skin reaction? 2. AmeriPure Post Treatment Lotion applied? [⊙] Yes [○] No 2a. AmeriPure sun block applied?
[◎] Yes [○] No 3. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct. Date: Staff Signature: 04/17/2009 Update Chart

Step 6/Photos: Chart # 2196643789284 Photos

Zufan Tsegai VI

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 2196643870887 History

Chart ID#:

2196643870887

Date Created:

Transactions Processed

Date Actioned

Action Taken

Actioned By

2009-05-04 15:49:27.88

Verified Hipaa/Consent Forms Signed

ALCNY53

Action:

[Return To Client Charting]

Patient Chart ID 2196643871985 History
Chart ID #: 2196643871985
Date Created: 2009-05-04 17:41:10.56

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2009-05-04 17:41:04.293	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-05-04 17:41:10.543	Step 1 Completed	ALCNY53
2009-05-04 17:41:10.56	Chart Created	ALCNY53
2009-05-04 17:41:38.53	Step 2 Completed	ALCNY53
2009-05-04 17:41:38.53	Skin Type Assessment Submited	ALCNY53
2009-05-04 17:41:47.123	Step 3 Completed	ALCNY53
2009-05-04 17:41:47.14	Treatment Record Q1 Completed	ALCNY53
2009-05-04 17:42:02.28	Step 4 Completed	ALCNY53
2009-05-04 17:42:02.297	Treatment Record Q2 Completed	ALCNY53
2009-05-04 17:42:16.987	Chart Laser Test Settings Submitted	ALCNY53
2009-05-04 17:42:47.863	Step 5 Completed	ALCNY53
2009-05-04 17:42:47.893	Treatment Record Settings Completed	ALCNY53

Step 1:

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Announcements Applications v Scheduler v SiteMap

Database v

Accounting v HR v

ALC Learning v Marketing v

Call Center v

Ameripure v Email

Create Chart For Patient

QUICK LINKS >>

Click Here To Select v

1 - 2 - 3 - 4 - 5

Procedures

Select Procedure(s) for Chart:
Arms Under

rt:

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

5

Ameri	can Laser Cen	ters Intranet		Monday, April 26	5, 2010			er Scheduler Application elcome afrench: [Logo
Announcements Applications v	Scheduler v SiteMáp	Database v Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
Approacions v	олетф			·		QUI	CK LINKS >>	Click Here To Selec
Skin Type	Assessmen	it Form					①-②-	3-4-5
			Pleas	e verify the quest	ions highlighte	ed in this cold	or äre correct b	efore proceeding.
Genetic Disp								·- ··· · · · · · · · · · · · · · · · ·
ł	e color of your	•						
	Blue, Green	○ Gray	O Blue		O Dark Br	own	⊕ Brown/Black	κ .
	ur natural hair		- Ch		- Davida Bar		o Olasti	
O Sandy		O Blonde	O Ches	tnut/Dark Blonde	O Dark Br	own	Black	
O Reddi	e color of your :	•	o Dalo		O Light Br	~~~	Dark Brown	
4. Do you hav		O Very Pale	O Pale	•	O Light bi	OWII	Dark Brown	
O Many	e neckies!	O Several	o Few		O Inciden	tal	None	
	····	0 3010181	0		O Inciden		9 110.10	
Reaction to S		d to the sun how would you	ır skin read	-t?				
	ss/Blistering/Pee	-		s Sometimes/Peels	⊙ Rarely E	Burns	O Never Burns	•
-	•	skin turn brown?	Q		· · · · · · · · · · · · · · · · · · ·		,	
	/Not At All	O Light Color Tan	O Media	ım Tan	O Tans Ea	silv		Brown Ouickly
3. Do you tur	n brown within	several hours after sun exp	osure?			•	_	
O Never		O Seldom	O Some	etimes	Often			İ
4. How does	your face react	to the sun?						
∨ery S	iensitive	 Sensitive 	O Norm	al .	O Very Re	sistant	O No Problem	
Tanning Habit	ts						•	
		ure to sun, lamps or cream	?					
More T	han 3 Months	O 2 to 3 Months	0 1 to 2	2 Months	O Less Tha	an 1 Month	O Less Than 2	Weeks
2. Was the tre	atment area ex	rposed?						
O Never		O Hardly Ever	Some	times	Often		O Always	
Heritage								
If Father is of A	frican American	or East Indian descent add					☑ 10 Points	
If Mother is of A	African American	or East Indian descent add			•		☐ 10 Points	
If Latin America	in, Asian-Pacific	Islanders, Mediteranean, or na	itive or indi	genous to the Ame	ricas add		☐ 5 Points	
Summary								
Total Score		7	Update Ass	anner I				
Skin Type Sco	re 39		Ohnera 4220	33 MINOR				
		-						
Skin Type Sco		· I			_			
0 to 8 9 to 16	- I							
17 to 24	- iii	1				•		
25 to 30	- IV	1						
25 to 30	- IV	1						

23 of 155

$\sqrt{\lambda}$	Americ	an Laser Ce	nters Intranet			Monday, April 2	6, 2010		ALCPartn W	er Sche elcome	duler Ap afrench	plication 1 : [Logout]
	uncements cations v	Scheduler v SiteMap	Database v	Accounting v	HRV	ALC Learning v	Marketing v	Call Center v	Ameripure v	E	mali	
•		·						QUICI	KUNKS >>	Clic	k Here '	Fo Select v
Tre	atment	Record Q	uestionnaire	1					10-20-	3	4	- ③
Pat Tre Tre	ient Informient Name atment Ar atment Nu n Type:	: Zu ea: Ar	ufan Tsegai VI ms Under				se verify the q ore proceeding.	uestions highli	ghted in this	∞lor	are co	rrect
Ple	ase fill out	questions 1-	10									
1		•	-	upus, sarcoidos	is, cancer,	, skin disorder, seiz	ure disorder, nu	mbness in the ar	ea to be treat	ed, HIV	/ posit	ive
		e sclerosis?* ease specify:								·	·	
2.		ve a pacemake ase specify:	r or any internal i	metal device?*	O Yes	[⊙] No						
3.	Are you or	do you think y	ou may be pregn	ant?* O Yes	⊚ No							
4.	Have you	ever had a cold	sore in treatmen	t area?* O Ye	s ® No							
	•	•	ex at home? O									ļ
5.	Please list N/A	all medications	s, even those over	r-the-counter m	nedications	s and medicinal he	rbs you take:]					[
6.				ning lotions app	plied, and,	or tanning booth e	exposure to the a	area we will treat	today?*			
7.	Are you on	Accutane?*	O Yes [⊙] No									ļ
		ad any hormonase specify: N	nal changes includ /A	ding menopaus	e?* ○ Ye	es [©] No						
		chemo or radiasse specify: N	ation therapy?* /A	O _{Yes} ⊚ _{No}		···						
10.	Do you hav	e vitiligo or a h	istory of vitiligo?	• O Yes ⊚ N	No							
Date	: Si	gnature:	-									
05/0	4/2009								Update C	Question	aire	_
	o Am Bogu								 			

itep 4:			·		· · · · · · · · · · · · · · · · · · ·		·		
CT5.		nters Intranet			Monday, April 2	6, 2010	•	ALCPartm W	er Scheduler Application elcome afrench: [Logo:
Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
Treatment	Record Qu	uestionnaire	2				QUIC	K LINKS » (1) - (2) -	Click Here To Select
Patient Infor Patient Name Treatment Ar Treatment No Skin Type:	ea:	Zufan Tsegai VI Arms Under 1 VI							
2. Have photo 3. Is patient t	on AmeriPure SI s been taken?* an BY YOUR AS:		(Take before		troduce products to ants)	o your patient.			
4. Client comm 5. How long di	nents on hair re	eduction: 20 - 49%	Moderate]					
 Did patient Does the patient 	use topical anes	sthetic cream?* O	O Yes ® No Yes ® No	If yes, w	vipe off with water	thoroughly.			

Update Questionnaire 2--->

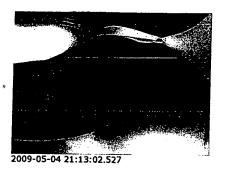
^{*} These Are Required Fields

American Laser Centers Intranet Announcements Scheduler v Database v Accounting v HR Applications v SiteMap		ay, April 26, 2010 Irning v Marketin	gv CaliCo		LCPartner Scheduler Applicat Welcome afrench: [Los ripure v Email
Treatment Record Laser Settings				(1)	>> Click Here To Sei - ② - ③ - ④ - ⑤
Client Information Client Name: Zufan Tsegai VI DOB: Center Name: west Technician: (Employee ID) 822040	SI H T	iser Hair Removal din Type: air Color: reatment Area: Client Tan?:	VI Black	: Under	
Laser for Procedure Laser Comet/Amerilase idected (NEW)					
ID Test Area 219664399248 Face - Left forehead or behind ears					
# ID Date Skin Type RF 7 2196643871985 05/04/2009 VI F8 8	OF F 10 T 12	P Type	ISL 30	ISM F5 T8	Laser Comet/Amerilase (NEW)
# ID Date Skin Type RF 5 2196643871985 05/04/2009 VI 30	OF 14	P Type Long	ISL 15	ISM 1 - 7	Laser Comet/Amerilase (NEW)
otes					
nswer Questions 1-5]	
. Was client double passed? Yes O No a. Was skin type changed (if skin type I - III)? Yes O No					
a. Was skin type changed (if skin type I - III)? Yes No Was ice pack applied? Yes No Post Treatment skin reaction?			ח		
AmeriPure Post Treatment Lotion applied? Yes No			_		
a. AmeriPure sun block applied?					
Post Instructions have been given verbally and written-on first treat	tment? ©	Yes O No			
verify that this form is complete and correct.	· · · · · · · · · · · · · · · · · · ·				
te: Staff Signature:					
					1

Step 6/Photos: Chart # 2196643871985 Photos

[Close Window]

Zufan Tsegai VI



Action:

[Return To Client Charting]

Patient Chart ID 2196643872001 History
Chart ID #: 2196643872001
Date Created: 2009-05-04 17:43:08.317

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2009-05-04 17:43:00.88	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-05-04 17:43:08.317	Step 1 Completed	ALCNY53
2009-05-04 17:43:08.317	Chart Created	ALCNY53
2009-05-04 17:43:08.35	Step 2 Completed	ALCNY53
2009-05-04 17:43:08.35	Skin Type Assessment Submited	ALCNY53
2009-05-04 17:43:08.443	Step 3 Completed	ALCNY53
2009-05-04 17:43:08.46	Treatment Record Q1 Completed	ALCNY53
2009-05-04 17:43:08.647	Step 4 Completed	ALCNY53
2009-05-04 17:43:08.647	Treatment Record Q2 Completed	ALCNY53
2009-05-04 17:43:22.52	Chart Laser Test Settings Submitted	ALCNY53
2009-05-04 17:43:56.07	Step 5 Completed	ALCNY53
2009-05-04 17:43:56.07	Treatment Record Settings Completed	ALCNY53
2009-05-04 17:44:08.603	Photo Uploaded	ALCNY53

Step 1:

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

1 - 2 - 3 - 4 - 5

Applications v

SiteMap

Accounting v

ALC Learning v

Create Chart For Patient

Click Here To Select v

Procedures

Select Procedure(s) for Chart: Bikini Brazilan

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

nerican Laser Center Intranet

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643872001. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

American Laser Cer			Monday, April 2	6, 2010		ALCParts W	er Scheduler Application ekome afrench: [Logo:
Announcements Scheduler v Applications v SiteMap	Database v Accounting v	HR v	ALC Learning v	Marketing v C	all Center v	Ameripure v	Email [2000]
Chin Taran					QU	CK LINKS >>	Click Here To Select
Skin Type Assessmen	it Form					(1) - (2) -	3-4-3
		Plea	se verify the quest	ions highlighted in	this cold	or are correct b	
Genetic Disposition			· · · · · · · · · · · · · · · · · · ·				erore proceeding.
1. What is the color of your							
O Light Blue, Green	O Gray	O Blue	ļ	O Dark Brown		⊙ Brown/Blac	.
2. What is your natural hair						O Diowii/ blac	`
O Sandy Red 3. What is the color of your s	O Blonde	O Ches	stnut/Dark Blonde	O Dark Brown		Black	
O Reddish	O Very Pale	O Pale					1
4. Do you have freckles?	3 13.7 13.6	O raie		 Light Brown 		Dark Brown	
O Many	O Several	O Few		O Incidental		O Non-	ł
Reaction to Sun Exposure		_		O Incidental		None	ĺ
1. If you where over exposed	to the sun how would you	r skin rea	ct?				į
O Redness/Blistering/Peel	s O Blistering/Peeling		s Sometimes/Peels			O. November Deven	1
2. To what degree does your	skin turn brown?			O TWICIY BUILIS		O Never Burns	1
O Harldy/Not At All	 Light Color Tan 	O Media	um Tan	O Tans Easily		O Turno Davidor	1
3. Do you turn brown within :	several hours after sun expe	sure?		O rons casiny		Turns Dark E	Frown Quickly
O Never	O Seldom:	O Some	etimes	O Often		O. Almerica	·
4. How does your face react to	o the sun?			Otten		Always	
∨ery Sensitive	 Sensitive 	O Norm	al	O Very Resistan	•	O No Deckler	
Tanning Habits				O very nesistan	•	O No Problem	ļ
 When was your last exposu 	re to sun, lamps or cream?						1
More Than 3 Months	O 2 to 3 Months	0 1 to 2	Months	O Less Than 1 M	looth	A 1 The	
2. Was the treatment area exp	osed?	-		O 0033 (1/0/1 1 /-	Onth	O Less Than 2	Weeks
O Never	O Hardly Ever	Some	times	Often		O Always	1
leritage						O Aiways	
f Father is of African American o	East Indian descent add					_ [
f Mother is of African American o						☑ 10 Points	
					i	☐ 10 Points	
f Latin American, Asian-Pacific Is	landers, Mediteranean, or nati	ve or indig	genous to the Americ	cas add	1	□ 5 Points	
ımmary							
otal Score	1	I Indoo Aree	I				
kin Type Score 39		Update Asses	sament				

	Skin Type Score	_	Skin Type
	0 to 8	-	i
	9 to 16	-	11
	17 to 24	-	111
i	25 to 30	-	īv
ł	31 to 24		7.7

р 3:			_						
Americ	an Laser Ce	nters Intranet			Monday, April 2	6. 2010		ALCPartne W	er Scheduler Applicat elcome afrench: [Lo
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email
***************************************	Grand						QUIC	K LINKS >>	Click Here To Se
Treatment	Record Q	uestionnaire	1					1)- 2)-	3-4-3
Patient Inform								0 0	
Patient Name: Treatment Are		ıfan Tsegai VI			Plea	se verify the o	uestions highli	ahted in thic	color are come
Treatment Nu		kini Brazilian	İ		befo	re proceeding	•	girca in this	COLOR ELE COLLE
Skin Type:	VI								
Please fill out	guestions 1-	10		<u>-</u>					
			ipus, sarcoidosi	s. cancer.	skin disorder, seiz	ure disorder, nu	imbness in the a	rea to be treate	rd HIV positive
or multiple	sclerosis?*	Oyes ® No			, , , , , ,	,			o, in a positive
If YES, ple	ase specify:	I/A							
2. Do you have	o a nacomalic	r or any internal n		0) 11-				
If YES, ple	ase specify: N	/A	netal devicer*	• res	NO				
3. Am	المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية	ou may be pregna		@ A.					
	do you think y	ou may be pregna	ant?* ~ Yes	○ NO					
4. Have you e	ver had a cold	sore in treatment	area?* O Ye	s [⊚] No					
		ex at home?							
			i	edications	and medicinal her	he vou tako:			
N/A					and moditina na	os you take.			
6. Are vou tar	7* O Yes 6) No							
When was	your last sun e	xposure, self-tanı	ning lotions app	lied, and/	or tanning booth e	xposure to the	area we will treat	today?*	
Over a mon	th]				•			
7. Are you on	Accutane?* (O Yes ® No							
o									
Have you h	ad any hormor	nal changes includ	ling menopause	:?* ○ Ye	o No				
	se specify: N	'A				J			
9. Are you on	chemo or radia	tion therapy?* (O Yes ® No						
	se specify: N	'A							
10. Do you have	e vitiligo or a h	istory of vitiligo?	· ○ Yes ◎ N	lo					
Date: Si	nature:				·				-
			·····		······································				·····
5/04/2009									
								Update Q	vestionnaire>

Americ	an Laser Ce	nters Intranet			Monday, April 2		ALCPartner Scheduler Applic Welcome afrench: [I				
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email		
, , , , , , , , , , , , , , , , , , , ,							QUIC	K LINKS >>	Click Here To Select		
Treatment	Record Q	uestionnaire	2					①-②-	3-4-3		
Patient Infor]			**				
Patient Name Treatment Ar		Zufan Tsegai VI Bikini Brazilian									
Treatment Nu	- 1	1						•			
Skin Type:		VI		İ							
Please fill out	questions 1-	8							ĺ		
1. Is patient o	on AmeriPure S	kin Care?* O Ye	s [⊚] No If	no, then ir	ntroduce products	o your patient.					
2. Have photo	s been taken?	• O Yes O No	(Take before	all treatm	ients)						
		SSESSMENT?* O	Yes [®] No								
4. Client com	ments on hair r	eduction: 20 - 49	% Moderate								
	id patient stay ns from last tre	pink?* [0 - 10 Mins eatment?]							
6. Did patient	use topical an	esthetic cream?*	O Yes ⊚ No	If yes,	wipe off with water	er thoroughly.			i		
7. Does the pa	atient have keld	oid scarring?* O	Yes O No								
											

Update Questionnaire 2--->

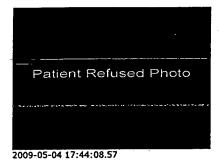
^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Cha	rt number 219664387	2001. Chart	completed o	n 05/04/200	, 9 for trea	tment at the	Upper West clinic.
Step 5: American Laser Centers Intr. Announcements Scheduler v Databas Applications v SteMap			Yonday, April 26 C Learning v	, 2010 Marketing v	Call Cent		.CPartner Scheduler Application Welcome afrench: [Logon pure v Email
Treatment Record Laser Sett	ings				٠	QUICK LINKS >	> Click Here To Select 2 - 3 - 4 - 5
Client Information	rsegai VI		Laser Hair Skin Type: Hair Color: Treatment Is Client Ta	Area:	VI Black	Brazilian	
Laser for Procedure Laser Comet/Amerilase Selected (NEW)							
Laser Test Area ID Test Area 219664399273 Face - Left forehead or behin	d ears						
Laser Test Settings	Skin Type RF VI F8	OF F 10			ISL 30	ISM F1 T8	Laser Comet/Amerilase (NEW)
Laser Hair Removal Chart Settings	Skin Type RF VI 30	OF 14	P 1 Lor	Type IS		ISM 1 - 7	Laser Comet/Amerilase (NEW)
Notes							
Answer Questions 1-5 1. Was client double passed? Yes) No						
1a. Was skin type changed (if skin type I 2. Was ice pack applied? 9 Yes No 3. Post Treatment skin reaction?	•						
4. AmeriPure Post Treatment Lotion applied							
4a. AmeriPure sun block applied? O Yes 5. Post Instructions have been given verba	·	eatment?	® Yes ○ N	•			
I verify that this form is complete and o	orrect.						
Date: Staff Signature:				-			
05/04/2009							Update Chart

Step 6/Photos: Chart # 2196643872001 Photos

Zufan Tsegai VI

[Close Window]



Action

[Return To Client Charting]

Patient Chart ID 2196644097791 History
Chart ID#: 2196644097791
Date Created: 2009-06-16 20:06:55.3

Action Taken	Actioned By
Verified Hipaa/Consent Forms Signed	ALCNY53
Step 1 Completed	ALCNY53
Chart Created	ALCNY53
Step 2 Completed	ALCNY53
Skin Type Assessment Submited	ALCNY53
Step 3 Completed	ALCNY53
Treatment Record Q1 Completed	ALCNY53
Step 4 Completed	ALCNY53
Treatment Record Q2 Completed	ALCNY53
Step 5 Completed	ALCNY53
Treatment Record Settings Completed	ALCNY53
Step 5 Completed	ALCNY53
Treatment Record Settings Completed	ALCNY53
	Verified Hipaa/Consent Forms Signed Step 1 Completed Chart Created Step 2 Completed Skin Type Assessment Submited Step 3 Completed Treatment Record Q1 Completed Step 4 Completed Treatment Record Q2 Completed Step 5 Completed Treatment Record Settings Completed Step 5 Completed

Step 1:

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Announcements

SiteMap

Scheduler v

Call Center v

Create Chart For Patient

1 - 2 - 3 - 4 - 3

Procedures

Select Procedure(s) for Chart: Microderm

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

American Laser Centers Announcements Scheduler v			Monday, April 26	, 2010		ALCPartner Scheduler Applic Welcome afrench: [L			plicatio Logo
Applications v SiteMap	Database v Accounting v	HR v	ALC Learning v	Marketing v C	ali Center v	Ameripure v			
Skin Typo Aggermant M	_				QU	ICK LINKS >>	Click	Here T	o Sele
Skin Type Assessment F	orm					(1) - (2)	- (3) -	(4) -	(3)
		Please	verify the questi	ons highlighted in	this col	or are correct	before r		\sim
Genetic Disposition 1. What is the color of your eyes	?								uing.
O Light Blue, Green	○ Gray	O Blue		0.0-4.0					
2. What is your natural hair colo	r?	0 =:20		O Dark Brown		⊕ Brown/Blad	ck		
Sandy RedWhat is the color of your skin	O Blonde	O Chestr	ut/Dark Blonde	O Dark Brown		Black			
O Reddish 4. Do you have freckles?	O Very Pale	O Pale		O Light Brown		⊙ Dark Brown	1		ĺ
O Many	○ Several	O Few		O Incidental		None			
Reaction to Sun Exposure 1. If you where over exposed to	the cum have well a		_			O			
Redness/Blistering/Peels 2. To what degree does your skin	O Blistering/Peeling		? Sometimes/Peels			O Never Burn	s		
O Harldy/Not At All	O Light Color Tan	O Medium	Tan	O Tago Facili					1
3. Do you turn brown within seve	eral hours after sun expe	osure?		O Tans Easily		Turns Dark	Brown Q	uickly	- 1
O Never	O Seldom	O Sometic	nes	O Often		⊙ Always			- 1
4. How does your face react to th				•		© Always			
○ Very Sensitive	 Sensitive 	O Normal		O Very Resistan	t	O No Problem			- 1
Tanning Habits 1. When was your last exposure t	0 cum lamma on								
More Than 3 Months	O 2 to 3 Months								
2. Was the treatment area expose	d?	0 1 to 2 M	ONTINS	O Less Than 1 M	lonth	O Less Than 2	Weeks		- 1
⊚ Never	O Hardly Ever	O Sometin	nes	O Often		- 41			- 1
leritage				O Orten		O Always	·		
f Father is of African American or Eas	st Indian descent add								
f Mother is of African American or Ea						☑ 10 Points			
						☐ 10 Points			
f Latin American, Asian-Pacific Island	iers, mediteranean, or nati	ive or indige	nous to the Americ	as add		☐ 5 Points			
ummary									
otal Score kin Type Score 37		Update Assessn	nent						
kin Tyne Score Skin Tyne									

/.X\	American Laser	Contare Intranet			Monday, April 2	6 2010			er Scheduler Ap skome afrench	
nnou	ncements Schedule		² Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email	
pplic	ntions v SiteMap						QUIC	K LINKS >>	Click Here	To Selec
۲e	atment Record	Questionnaire	1					10-20-	3-4	- ③
Pati Tre:	ent Information ent Name: itment Area:	Zufan Tsegai VI Microderm				ase verify the q		ighted in this	color are co	orrect
	tment Number: Type:	9 VI			, ,	oro pro cocaning				
Plea	se fill out questions	: 1-10								
1.	Have you been diagn	osed with diabetes,	upus, sarcoido	sis, cancer,	skin disorder, sei	zure disorder, nu	ımbness in the a	rea to be treate	ed, HIV posit	tive
	or multiple sclerosis?									
2	If YES, please specify	· Li								
2.	Do you have a pacer If YES, please specify	naker or any internal v: N/A	metal device?*	O Yes	[⊚] No					
3.	Are you or do you thi	-	nant?* O Yes	⊚ No					•	
4.	Have you ever had a			'es [⊚] No						
	If YES, do you have \									
5.	Please list all medica N/A	tions, even those over	er-the-counter	medication	s and medicinal h	erbs you take:				
6.	Are you tan?* O Ye When was your last s Over a month	is [©] No sun exposure, self-ta	nning lotions a	oplied, and	or tanning booth	exposure to the	area we will trea	at today?*		
7.	Are you on Accutane	?* O Yes ® No								
8.	Have you had any ho If YES, please specify	rmonal changes incl 7: N/A	uding menopau	ıse?∗ ^O y	es [©] No				,	
9.	Are you on chemo or If YES, please specify	radiation therapy?* /: N/A	O Yes ⊕ No	.						
	Do you have vitiligo	or a history of vitiligo	?* ○ Yes ⊙	No						
10.										

^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644097791. Chart completed on 06/16/2009 for treatment at the Upper West clinic. Step 4: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Accounting v ALC Learning v Marketing v Applications v Call Center v SiteM ap Ameripure v Email QUICK LINKS >> Click Here To Select v **Treatment Record Questionnaire 2** 1 - 2 - 3 - 4 - 3 **Patient Information Patient Name:** Zufan Tsegai VI Treatment Area: Microderm Treatment Number: Skin Type: Please fill out questions 1-8 1. Is patient on AmeriPure Skin Care?* ⁽⁹⁾ Yes ⁽¹⁾ No If no, then introduce products to your patient. 2. Have photos been taken?* [©] Yes ^O No (Take before all treatments) 3. Is patient tan BY YOUR ASSESSMENT?* O Yes O No Date of last exposure: More Than A Month 4. Client comments on improvement: 20 - 49% Moderate 5. How long did patient stay pink?* 0 - 10 Mins Any concerns from last treatment? 6. Did patient use topical anesthetic cream?* O Yes O No If yes, wipe off with water thoroughly. Does the patient have keloid scarring?* O Yes O No

Update Questionnaire 2 --->

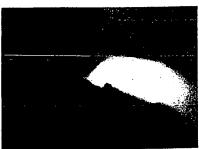
^{*} These Are Required Fields

ep 5:											
Ameri	can Laser Cei	nters Intranet			Monday, April 26, 2010		A	LCPartn W	er Sched	duler App afrench:	icatio
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v Marketing v	Call Center v	Ame	ripure v		nail	LCOGO
Tuestassast						QUIC	K LINKS	>>	Cfici	k Here To	Selec
reatment	Record La	ser Settings	ŀ				① ·	- ② -	3 -	4 -	(3)
Client Inform				· · · · · · · · · · · · · · · · · · ·	Microdermabrasion Chart						$\stackrel{\smile}{-}$
Patient Name	B:	Zufan Tsegai	VI		Skin Type:	VI					-
DOB:					Hair Color:	Black					
Center Name	-	st			Treatment Area:	Microderm					
i echnician: (Employee ID)	822039			Is Client Tan?:	NO					j
Microdermabr	rasion Chart Se	ttings .							-		
# 1D		Date	Body Pa	ort	Treatment Settings						
13 2196	644097791	06/16/2009	Face		1 - 30	Í					
Notes											
tol tx well	, no injury					 -1					
	-					- []					
						11					
						11					
						_					
Answer Questi	ions 1-4	· · · · · · · · · · · · · · · · · · ·									
 Post Treatme 	ions 1~4	?			·	<u> </u>					
 Post Treatme 	ions 1-4 ent skin reaction	7									
1. Post Treatme	ent skin reaction		@ v 0 N								
pink 2. AmeriPure Po	ent skin reaction	tion applied?	[⊙] Yes [○] No								
Post Treatme pink AmeriPure Po	ent skin reaction	tion applied?						÷			
1. Post Treatme pink 2. AmeriPure Po 2a. AmeriPure s	ent skin reaction ost Treatment Lo sun block applied	ition applied?	No								
1. Post Treatme pink 2. AmeriPure Po 2a. AmeriPure s	ent skin reaction ost Treatment Lo sun block applied	tion applied?	No	st treatmer	nt? ® Yes O No						
Post Treatme pink AmeriPure Pc AmeriPure s AmeriPure s AmeriPure s AmeriPure s	ent skin reaction est Treatment Lo sun block applied ions have been o	ition applied? d? [©] Yes ^O	No d written-on firs	st treatmer	nt? ® Yes O No						
Post Treatme pink AmeriPure Pc AmeriPure s AmeriPure s AmeriPure s AmeriPure s	ent skin reaction est Treatment Lo sun block applied ions have been o	ition applied?	No d written-on firs	st treatmer	nt? ® Yes O No						
1. Post Treatme pink 2. AmeriPure Pc 2a. AmeriPure s 3. Post Instructi	ent skin reaction est Treatment Lo sun block applied ions have been o	ition applied? d? [©] Yes ^O	No d written-on firs	st treatmer	nt? ® Yes O No			·			
1. Post Treatme pink 2. AmeriPure Pc 2a. AmeriPure s 3. Post Instructi	ent skin reaction est Treatment Lo sun block applied ions have been of	ition applied? d? [©] Yes ^O	No d written-on firs	st treatmer	nt? [©] Yes ^O No						—
1. Post Treatme pink 2. AmeriPure Pc 2a. AmeriPure s 3. Post Instructi	ent skin reaction est Treatment Lo sun block applied ions have been of	ition applied? d? [©] Yes ^O	No d written-on firs	st treatmer	nt? © Yes O No						_ _
1. Post Treatme pink 2. AmeriPure Pc 2a. AmeriPure s 3. Post Instruct I verify that th Date: Si	ent skin reaction est Treatment Lo sun block applied ions have been of	ition applied? d? [©] Yes ^O	No d written-on firs	st treatmer	nt? ^③ Yes [○] No						_
1. Post Treatme pink 2. AmeriPure Pc 2a. AmeriPure s 3. Post Instructi	ent skin reaction est Treatment Lo sun block applied ions have been of	ition applied? d? [©] Yes ^O	No d written-on firs	st treatmer	nt? ^② Yes [○] No			l In	data Ch-		_
1. Post Treatme pink 2. AmeriPure Pc 2a. AmeriPure s 3. Post Instruct Liverify that th pate: Si	ent skin reaction est Treatment Lo sun block applied ions have been of	ition applied? d? [©] Yes ^O	No d written-on firs	st treatmer	nt? [⊙] Yes [○] No			Up	date Cha	ıt	_

Step 6/Photos: Chart # 2196644097791 Photos

Zufan Tsegai VI

[Close Window]



2009-06-16 21:50:00.343



[Return To Client Charting]

Patient Chart ID 2196644129583 History

Chart ID#: 2196644129583

Date Created: 2009-06-23 12:09:55.61

Transactions Processed Date Actioned 2009-06-23 12:09:49.673 2009-06-23 12:09:55.61 2009-06-23 12:10:02.0	Action Taken Verified Hipaa/Consent Forms Signed Step 1 Completed Chart Created	Actioned By ALCNY53 ALCNY53 ALCNY53
2009-06-23 12:10:02.03 2009-06-23 12:10:06.143 2009-06-23 12:10:06.173 2009-06-23 12:10:15.877 2009-06-23 12:10:15.893 2009-06-23 12:10:23.893 2009-06-23 12:10:45.503 2009-06-23 12:10:45.503	Step 2 Completed Skin Type Assessment Submited Step 3 Completed Treatment Record Q1 Completed Step 4 Completed Treatment Record Q2 Completed Chart Laser Test Settings Submitted Step 5 Completed Treatment Record Settings Completed	ALCNY53 ALCNY53 ALCNY53 ALCNY53 ALCNY53 ALCNY53 ALCNY53 ALCNY53 ALCNY53 ALCNY53
2009-06-23 12:11:39.773	Photo Uploaded	ALCNY53

Step 1:

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

American Laser Centers Intranet Scheduler v

ALC Learning v

Marketing v

Call Center v

1 - 2 - 3 - 4 - 5

Create Chart For Patient

Click Here To Select v

Procedures

Select Procedure(s) for Chart: Arms Under

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129583. Chart completed on 06/23/2009 for treatment at the Upper West clinic. Step 2: American Laser Centers Intranet ALCPartner Scheduler Application 1 Welcome afrench: [Logout] Monday, April 26, 2010 Accounting v HR v ALC Learning v Marketing v Applications v Call Center v QUICK LINKS >> Click Here To Select v Skin Type Assessment Form 10-2-3-4-3 -- Please verify the questions highlighted in this color are correct before proceeding. Genetic Disposition

1. What is the color of your eyes? O Light Blue, Green O Gray O Blue O Dark Brown 2. What is your natural hair color? Brown/Black O Sandy Red O Blonde O Chestnut/Dark Blonde O Dark Brown 3. What is the color of your skin? ⊕ Black O Reddish O Very Pale O Pale O Light Brown 4. Do you have freckles? Dark Brown Many Several O. Few O Incidental None Reaction to Sun Exposure 1. If you where over exposed to the sun how would your skin react? Redness/Blistering/Peels O Blistering/Peeling O Burns Sometimes/Peels 2. To what degree does your skin turn brown? Rarely Burns O Never Burns O Harldy/Not At All O Light Color Tan O Medium Tan O Tans Easily 3. Do you turn brown within several hours after sun exposure? Turns Dark Brown Quickly O Never O Seldom O Sometimes O Often 4. How does your face react to the sun? ✓ Very Sensitive Sensitive Normal O Very Resistant O No Problem **Tanning Habits** 1. When was your last exposure to sun, lamps or cream? More Than 3 Months O 2 to 3 Months O 1 to 2 Months O Less Than 1 Month O Less Than 2 Weeks 2. Was the treatment area exposed? O Never Hardly Ever Sometimes O Often O Always Heritage If Father is of African American or East Indian descent add ☑ 10 Points If Mother is of African American or East Indian descent add If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add □ 10 Points 🛘 5 Points Summary Total Score Skin Type Score Update Assessment 38

Americ Americ	an Laser C	enters Intranet			Monday, April 2	6, 2010		ALCPartn W	er Scheduler A elcome afrenc	pplication
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Emall	(40)0
•••	Citoling						QUIC	K LINKS >>	Click Here	To Selec
reatment	Record Q	uestionnaire	1					10-20-	3-4	- ③
Patient Inforn Patient Name: Treatment Are Treatment Nu Skin Type:	z Z sa: A					se verify the q re proceeding	uestions highli	ighted in this	color are c	orrect
Please fill out	questions 1	-10	· · · · · · · · · · · · · · · · · · ·							
or multiple If YES, ple 2. Do you han If YES, ple 3. Are you or 4. Have you e If YES, do on the your family of the you have you family on the your family of the y	e sclerosis?* ase specify: we a pacemak ase specify: do you think ever had a col- you have Valt all medication 17* O Yes your last sun th Accutane?*	er or any internal m N/A you may be pregnated d sore in treatment rex at home? On is, even those over-	etal device?* nt?* O Yes area?* O Yes (es O No the-counter me	O Yes © No odications	No No and medicinal her	bs you take:			eo, niv posi	rive
If YES, plea Are you on If YES, plea	se specify: [I/A iation therapy?* C		7 · · · · · · · · ·	s ~ No					
Do you have	e vitiligo or a	history of vitiligo?*	○ Yes ® No	•						
ate: Si	nature:									
If YES, plea 9. Are you on If YES, plea 10. Do you have	se specify: [t chemo or rad se specify: [t e vitiligo or a	N/A lation therapy?* C N/A	Yes [⊚] No		s o No			Üpdata Q	Nestionnaire	

45 of 155

, 2010 Marketing v	Call Center v QUICK	Wek Ameripure v LINKS >>	r Scheduler Application come afrench: (Logou Email Click Here To Select
Marketing v		LINKS >>	Click Here To Select
-	QUICK		
		1 - 2 -	3-4-5
•••			
thoroughly.			
	your patient.		

^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129583. Chart completed on 06/23/2009 for treatment at the Upper West clinic. Step 5: American Laser Centers Intranet ALCPartner Scheduler Application 1 Welcome afrench: [Logout] Monday, April 26, 2010 Scheduler v Accounting v HR v ALC Learning v Applications v Call Center v Emali QUICK LINKS >> Click Here To Select v Treatment Record Laser Settings 10-2-3-4-5 **Client Information** Laser Hair Removal Chart **Client Name:** Zufan Tsecai VI Skin Type: VI DOB: **Hair Color:** Center Name: Black Treatment Area: Technician: (Employee ID) Arms Under 822028 Is Client Tan?: NO Laser for Procedure
Laser Comet/Amerilase Selected (NEW) Laser Test Area
Test Area 219664399248 Face - Left forehead or behind ears **Laser Test Settings** ID Date Skin Type P Type ISL, ISM Laser] 2196644129583 06/23/2009 F₈ F 10 VI F 5 Long Comet/Amerilase 30 (NEW) **Laser Hair Removal Chart Settings** ID Date Skin Type RF OF P Type ISL **TSM** Laser 2196644129583 06/23/2009 VI 31 14 10 Long Comet/Amerilase 1 - 15 (NEW) Notes **Answer Questions 1-5** 1. Was client double passed? ○ Yes ⊙ No 1a. Was skin type changed (if skin type I - III)? ${}^{\circ}$ Yes ${}^{\circ}$ No 3. Post Treatment skin reaction? 4. AmeriPure Post Treatment Lotion applied? ® Yes O No 5. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct. Date: Staff Signature: 06/23/2009 **Update Chart**

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129583. Chart completed on 06/23/2009 for treatment at the Upper West clinic.

Step 6/Photos: Chart # 2196644129583 Photos

Zufan Tsegai VI

[Close Window]



Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129606. Chart completed on 06/23/2009 for treatment at the Upper West clinic. Action:

[Return To Client Charting]

Patient Chart ID 2196644129606 History

Chart ID#:

2196644129606

Date Created:

2009-06-23 12:11:54.713

Transactions Processed	***	
Date Actioned	Action Taken	Actioned By
2009-06-23 12:11:50.947	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-06-23 12:11:54.697	Step 1 Completed	ALCNY53
2009-06-23 12:11:54.713	Chart Created	ALCNY53
2009-06-23 12:11:54.73	Step 2 Completed	ALCNY53
2009-06-23 12:11:54.73	Skin Type Assessment Submitted	ALCNY53
2009-06-23 12:11:54.777	Step 3 Completed	ALCNY53
2009-06-23 12:11:54.777	Treatment Record Q1 Completed	ALCNY53
2009-06-23 12:11:54.93	Step 4 Completed	ALCNY53
2009-06-23 12:11:54.93	Treatment Record Q2 Completed	ALCNY53
2009-06-23 12:12:48.683	Chart Laser Test Settings Submitted	ALCNY53
2009-06-23 12:13:44.487	Step 5 Completed	ALCNY53
2009-06-23 12:13:44.5	Treatment Record Settings Completed	ALCNY53
2009-06-23 12:13:55.097	Photo Uploaded	ALCNY53

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129606. Chart completed on 06/23/2009 for treatment at the Upper West clinic.

Step 1:

American Laser Centers Intranet

Monday, April 26, 2010

ALCPartner Scheduler Application 1 Welcome afrench: [Logout]

Call Center v

1 - 2 - 3 - 4 - 3

Procedures

Create Chart For Patient

Select Procedure(s) for Chart: Bikini Brazilian

* Please select the procedure that will be treated in this chart.

Update Chart Procedure

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129606. Chart completed on 06/23/2009 for treatment at the Upper West clinic. Step 2: American Laser Centers Intranet ALCPartner Scheduler Application 1 Monday, April 26, 2010 Welcome afrench: [Logout] Accounting v HR v ALC Learning v Marketing v Applications v Call Center v Ameripure v QUICK LINKS >> Click Here To Select v **Skin Type Assessment Form** (1) - (2) - (3) - (4) - (5) Please verify the questions highlighted in this color are correct before proceeding. **Genetic Disposition** 1. What is the color of your eyes? O Light Blue, Green O Gray O Blue O Dark Brown 2. What is your natural hair color? Brown/Black O Sandy Red Blonde Chestnut/Dark Blonde O Dark Brown Black 3. What is the color of your skin? O Reddish O Very Pale O Pale O Light Brown Dark Brown 4. Do you have freckles? O Many O Several O Few O Incidental None Reaction to Sun Exposure 1. If you where over exposed to the sun how would your skin react? Redness/Blistering/Peels O Blistering/Peeling O Burns Sometimes/Peels 2. To what degree does your skin turn brown? Rarely Burns O Never Burns O Harldy/Not At All O Light Color Tan O Medium Tan O Tans Easily 3. Do you turn brown within several hours after sun exposure? Turns Dark Brown Quickly O Never O Seldom Sometimes Often 4. How does your face react to the sun? Sensitive Normal O Very Resistant No Problem Tanning Habits 1. When was your last exposure to sun, lamps or cream? More Than 3 Months O 2 to 3 Months O 1 to 2 Months O Less Than 1 Month O Less Than 2 Weeks 2. Was the treatment area exposed? Hardly Ever Sometimes O Often O Always Heritage If Father is of African American or East Indian descent add ☑ 10 Points If Mother is of African American or East Indian descent add ☐ 10 Points If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add ☐ 5 Points Summary Total Score Skin Type Score Update Assessment 38

Skin Type Score		Skin Type
0 to 8	-	1
9 to 16	-	II
17 to 24	-	Ш
25 to 30	-	īv
31 to 34		v

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	Americ	an Laser	Center	s Intranet			Monday, April 2	6, 2010			er Scheduler Application elcome afrench: [Logo:
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Tre	eatment	Record	Ques	tionnaire	1					1 - 2	3-4-3
Par Tre	tient Inform tient Name: eatment Are eatment Nu in Type:	: :a:		rsegai VI Brazilian				ase verify the o		ighted in this	color are correct
_	ase fill out	auestion:	s 1-10								
		•		h diabetes, lu	pus, sarcoidos	sis, cancer.	skin disorder, seiz	ure disorder. nu	umbness in the a	rea to be treat	ed. HIV positive
	or multiple If YES, ple	sclerosis?	?* ○ Ye								
2.	Do you hav If YES, ple			any internal n	netal device?*	O Yes	[©] No				
3.	Are you or	do you thi	ink you m	nay be pregna	nt?* O Yes	⊚ No	-				
4.	Have you e	ver had a	cold sore	in treatment	area?* O y	es [©] No					
	If YES, do	you have \	Valtrex at	home? O	Yes [®] No				,		ļ
5.	Please list	all medica	tions, eve	en those over	-the-counter r	nedications	and medicinal he	rbs you take:	•		
6.	Are you tar When was Over a mon	your last s			ning lotions ap	plied, and,	or tanning booth	exposure to the	area we will trea	t today?*	
7.	Are you on	Accutane?	?* ^O Ye	s ® No							
8.	Have you h			hanges includ	ing menopaus	se?* ○ Ye	s [⊚] No			1 - E - E	·
9.	Are you on If YES, plea	chemo or se specify	radiation /: N/A	therapy?*	O Yes @ No						
10.	Do you hav	e vitiligo o	or a histor	γ of vitiligo?	• ○ Yes ⊙	No					
		gnature:									

^{*} These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129606. Chart completed on 06/23/2009 for treatment at the Upper West clinic.

Americ	an Laser Ce	nters Intranet			Monday, April 2	26, 2010			er Scheduler / elcome afrend	
Announcements Applications v	Scheduler v SiteMap	Database v	· Accounting v	HR v	ALC Learning v	Marketing v	Call Center v	Ameripure v	Email	٠
	•						QUIC	K LINKS >>	Click Here	To Select
Treatment	Record Q	uestionnaire	2					<u> </u>	3-4) - ③
Patient Information Patient Name Treatment And Treatment Nu Skin Type:	: ea:	Zufan Tsegai VI Bikini Brazilian 1 VI								
2. Have photo 3. Is patient t Date of last 4. Client comm 5. How long di	n AmeriPure S s been taken?* an BY YOUR AS exposure: [M nents on hair n	kin Care?* O Yes O Yes O No SESSMENT?* O Nore Than A Month eduction: 20 - 499 pink?* 0 - 10 Mins	(Take before Yes [©] No		ntroduce products (to your patient.				
6. Did patient	•	esthetic cream?*		If γes,	wipe off with wate	r thoroughly.				

Update Questionneire 2 -->

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129606. Chart completed on 06/23/2009 for treatment at the Upper West clinic. Step 5: ALCPartner Scheduler Application 1 Welcome afrench: [Logout] American Laser Centers Intranet Monday, April 26, 2010 Scheduler v Accounting v HR v ALC Learning v Marketing v Call Center v StaMap QUICK LINKS >> Click Here To Select v **1** - **2** - **3** - **4** - **3 Treatment Record Laser Settings** Client Information Laser Hair Removal Chart Skin Type: ٧I Client Name: Zufan Tsegai VI DOB: Hair Color: Black Treatment Area: Bikini Brazilian Center Name: Upper west Is Client Tan?: NO Technician: (Employee ID) 822028 Laser for Procedure Comet/Amerilase Selected | (NEW) Laser Test Area Test Area 219664399273 Face - Left forehead or behind ears Laser Test Settings P Type ISL ISM # ID Date Skin Type Laser F 10 T 12 Comet/Amerilase 8 2196644129606 06/23/2009 VI Long 30 (NEW) Laser Hair Removal Chart Settings OF ISL ISM ID Skin Type RF P Type Date Laser Comet/Amerilase 2196644129606 06/23/2009 VI 30 14 Long 10 1 - 15 Notes lower and inner area: 16(RF)/20(OF) **Answer Questions 1-5** 1. Was dient double passed? O Yes O No 1a. Was skin type changed (if skin type I - III)? 2. Was ice pack applied? ⊕ Yes O No 3. Post Treatment skin reaction? ⊕ Yes ○ No 4. AmeriPure Post Treatment Lotion applied? ® Yes O No 4a. AmeriPure sun block applied? 5. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct. Staff Signature: Date:

06/23/2009

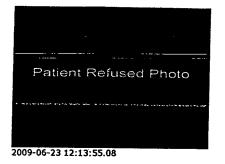
Update Chart

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129606. Chart completed on 06/23/2009 for treatment at the Upper West clinic.

Step 6/Photos: Chart # 2196644129606 Photos

(Close Window)

Zufan Tsegai VI



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AFFIDAVIT OF SERVICE

STATE OF NEW YORK, COUNTY OF NEW YORK

PAULETTE MASTANDREA, being duly sworn, deposes and says that I reside in Orange County, New York, am over the age of eighteen and not a party to this action.

That on June X, 2011, deponent served the within RESPONSE TO COMBINED **DEMANDS** upon:

HERZFELD & RUBIN, P.C. 125 Broad Street New York, New York 10004

at the addresses designated by said attorney for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed wrapper in a post office, official depository under the exclusive care and custody of the United States post office department within the State of New York.

Sworn to before me this day of June, 2011

Notary Public

LEANDROS A. VRIONEDES
Notary Public, State of New York
No. 41-4959993
Qualified in Queens County
Commission Expires Dec. 18, 199

INDEX NO.: 100662/11

SUPREME COURT: COUNTY OF NEW YORK

ZUFAN TSEGAI,

Plaintiff,

-against-

ALC OF NEW YORK, LLC and AMERICAN LASER CENTERS,

Defendants.

RESPONSE TO COMBINED DEMANDS

LEANDROS A. VRIONEDES, P.C.

Attorney for Plaintiff
Office and Post Office Address, Telephone
381 Park Avenue South, Suite 701
New York, New York 10016
212-889-9362

Leandros A. Vrionedes, P.C. Attorney at Law

381 Park Avenue South, Suite 701 New York, New York 10016

Tel. 212.889.9362 Fax. 212.202.6407

December 28, 2011

United States Bankruptcy Court Attn: Claims 824 Market Street, 3rd Floor Wilmington, DE 19801

RE: Our client/creditor: Zufan Tsegai

Debtor: ALC of New York LLC

Case No.: 11-13872

Dear Sir/Madam:

Enclosed please find a Proof of Claim on behalf of creditor, Zufan Tsegai as against debtor ALC of New York LLC, and Case no. 11-13872. Please file said claim and return a court stamped copy in the enclosed self-addressed stamped envelope.

Very truly yours,

LEANDROS A. VRIONEDES

LAV:pm

CC:

BMCGroup, Inc. 18750 Lake Drive East Chanhassen, MN 55317