

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: ALC of New York LLC	Case Number: 11-13872	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Zufan Tseqi		
Name and address where notices should be sent: Leandros A. Vrionedes, P.C. 381 Park Avenue South, Suite 701 New York, New York 10016 Telephone number: (212) 889-9362 email: LAV@VrionedesLaw.com		COURT USE ONLY
Name and address where payment should be sent (if different from above): Telephone number: email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> RECEIVED JAN 03 2012 BMC GROUP </div> </div>		
1. Amount of Claim as of Date Case Filed: \$ <u>1,000,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>personal injury/negligence</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-family: monospace; font-size: 1.2em;">8 7 6 8</div>	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </div> <div style="width: 30%;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </div> <div style="width: 30%;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). </div> </div> <div style="text-align: right; margin-top: 10px;"> Amount entitled to priority: \$ _____ </div>		
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the 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. (See 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 knowledge, information, and reasonable belief.

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

Title: Attorney

Company: 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

(Signature)

(Date)

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:

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.

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.

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).

Claim

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 filed.

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 a lien.

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 lien.

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 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.

INFORMATION

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 (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.

Mail to:

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

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
ZUFAN TSEGAI,

Plaintiff,

-against-

ALC OF NEW YORK, LLC and
AMERICAN LASER CENTERS,

Defendants.
-----X

Index No. 100662/11

SUPPLEMENTAL
VERIFIED BILL
OF PARTICULARS

S I R S :

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:

1. 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 1975 and bears a social security number of _____.
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 carelessly 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 ~~5~~¹⁰ 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) Nurses 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 plaintiff's 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 brazilian, 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 16, 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.



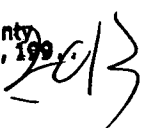
PAULETTE MASTANDREA

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



Notary Public

LEANDROS A. VRIONEDES
Notary Public, State of New York
No. 41-4959993
Qualified in Queens County
Commission Expires Dec. 18, 2013



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 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 STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
ZUFAN TSEGAI,

Plaintiff,

-against-

ALC OF NEW YORK, LLC and
AMERICAN LASER CENTERS,

Defendants.
-----X

Index No. 100662/11

FURTHER RESPONSE
TO COMBINED DEMANDS

S I R S :

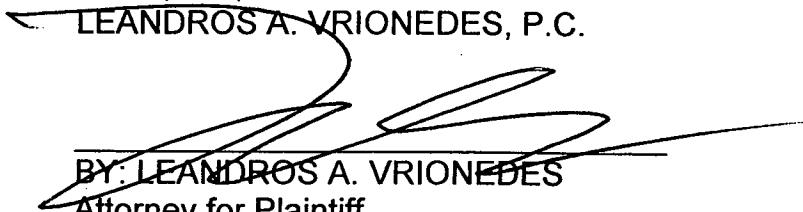
PLEASE TAKE NOTICE that the within is Plaintiffs Further Response to
Combined Demands as follows:

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.


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

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

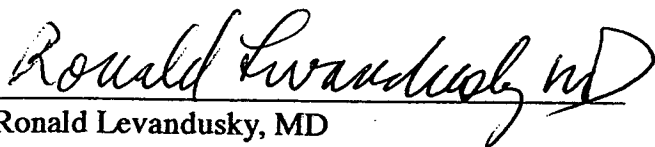
PROGNOSIS:

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 certainty, the above-described hyperpigmentation and burn scars were caused by the sixth laser hair removal treatment of 22 June 2009.

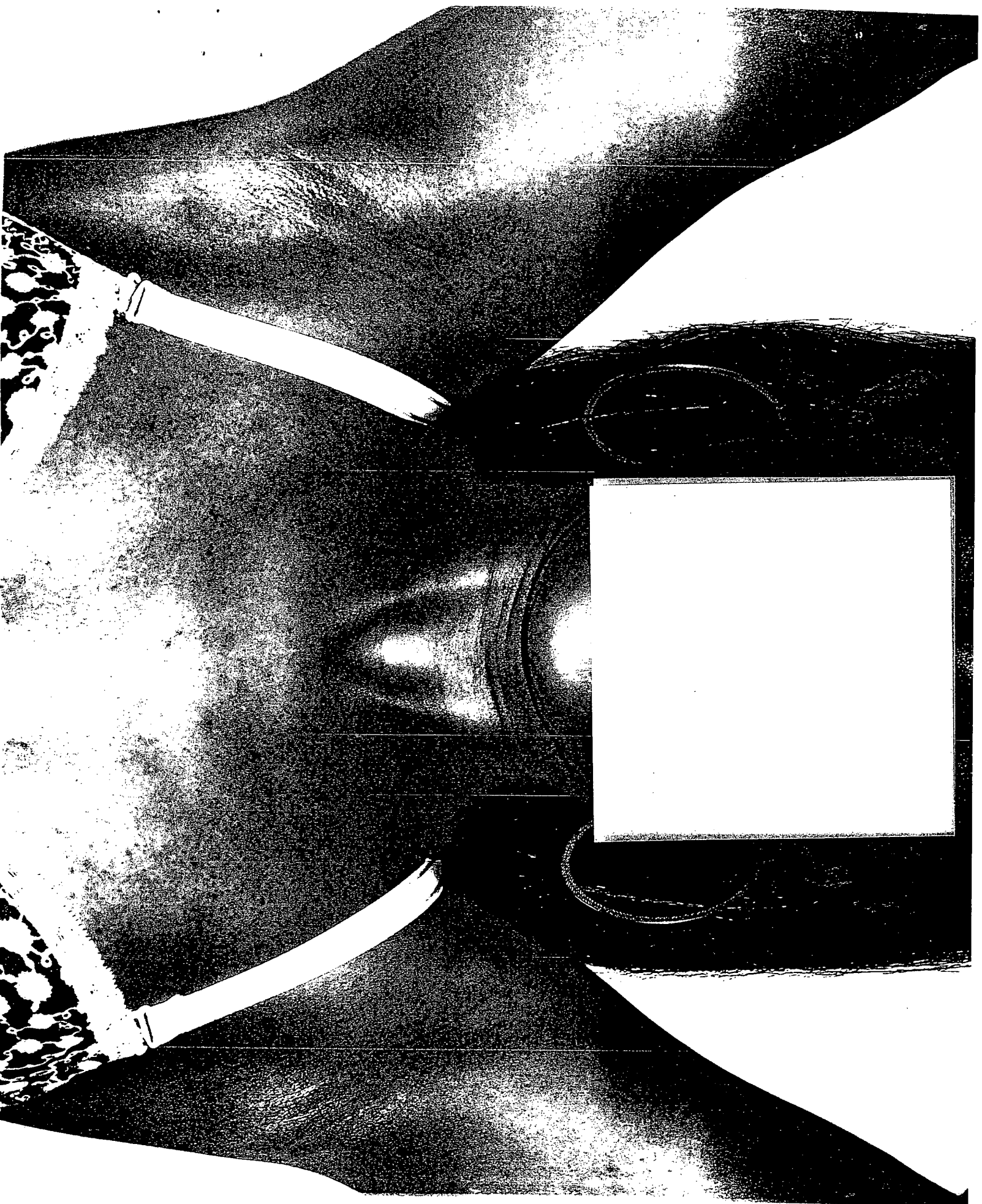
Very truly yours,



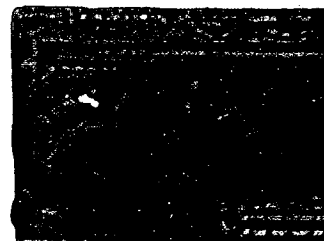
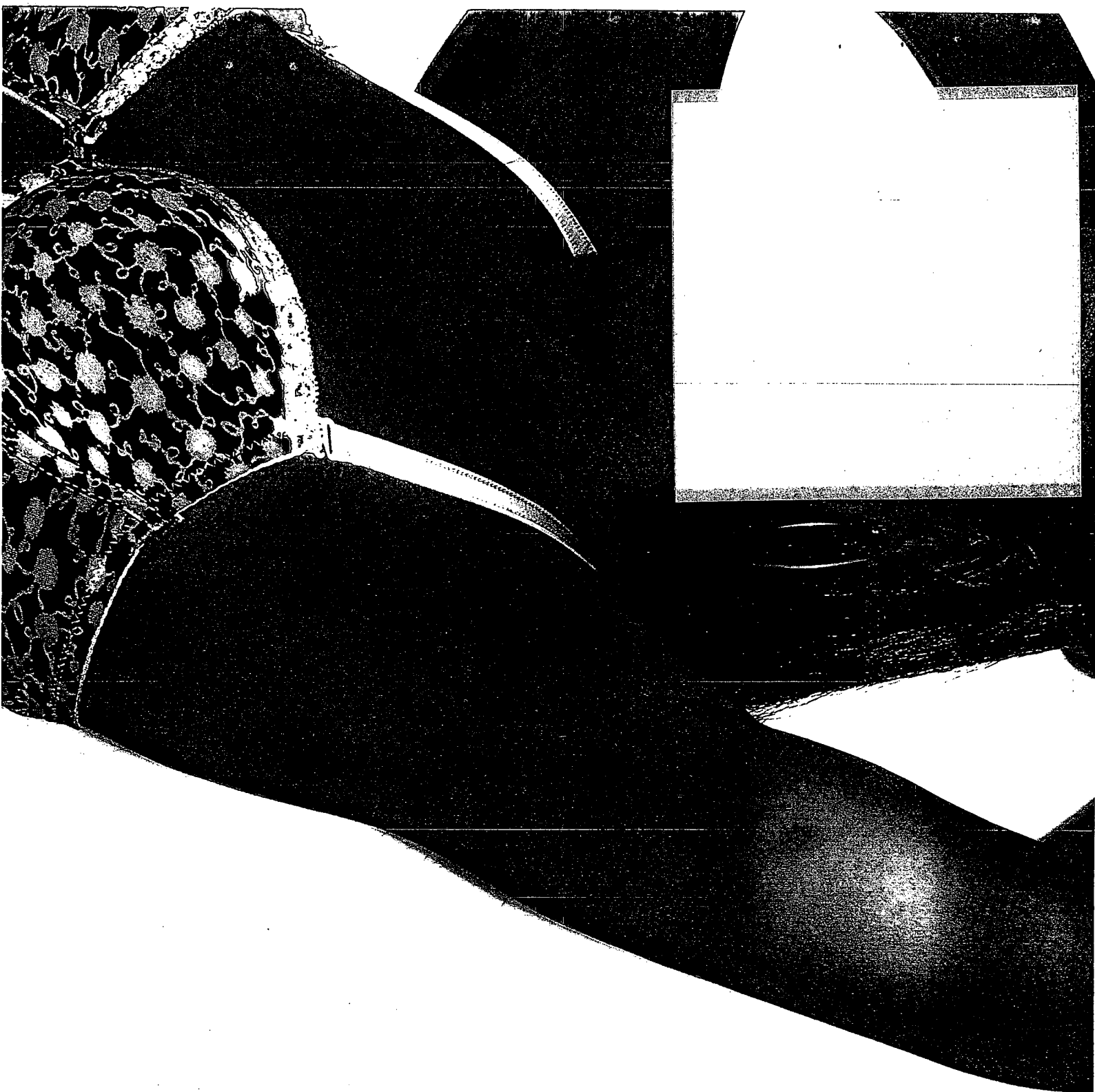
Ronald Levandusky, MD

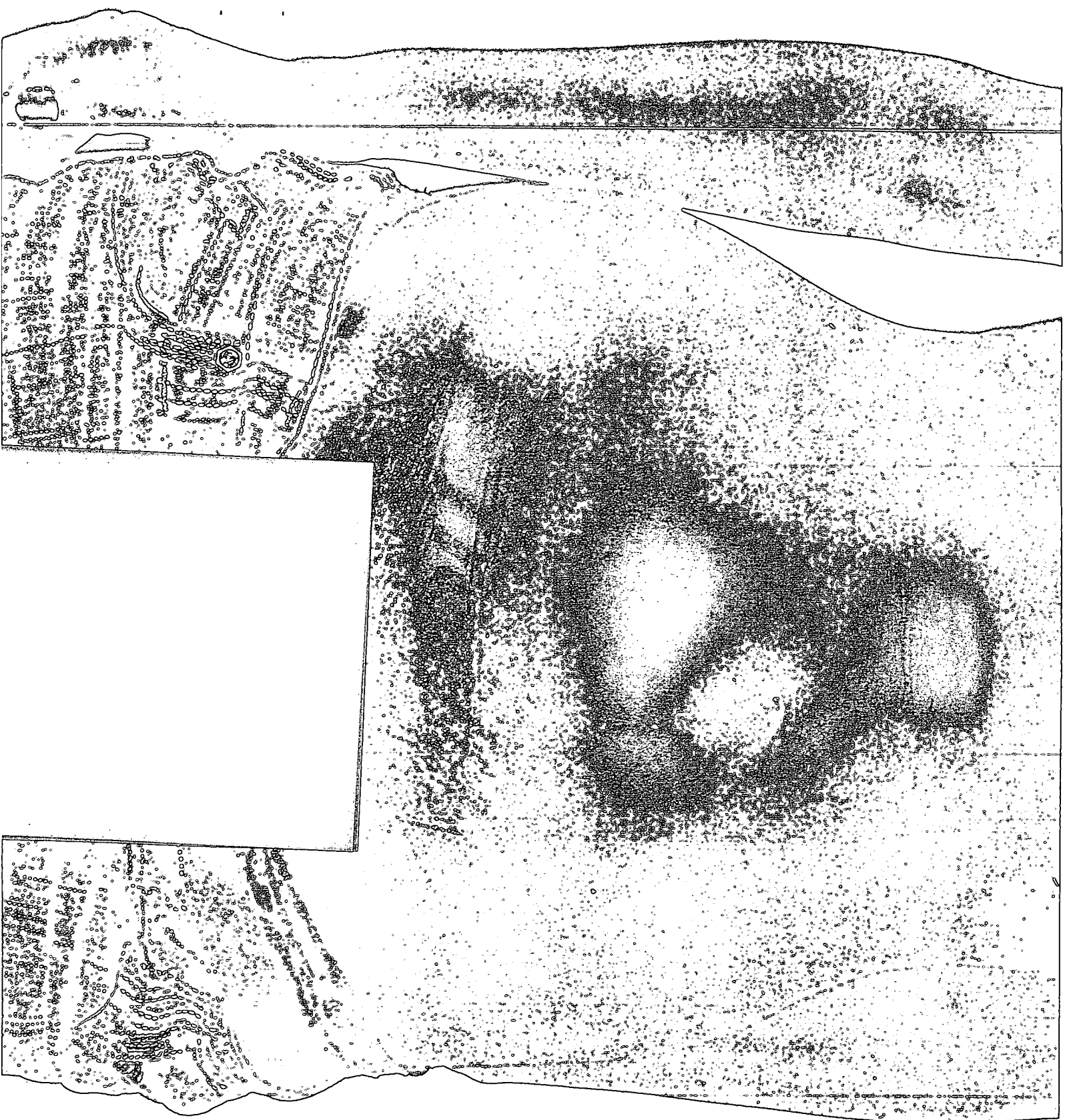
Attending Plastic Surgeon

Beth Israel Hospital, Manhattan

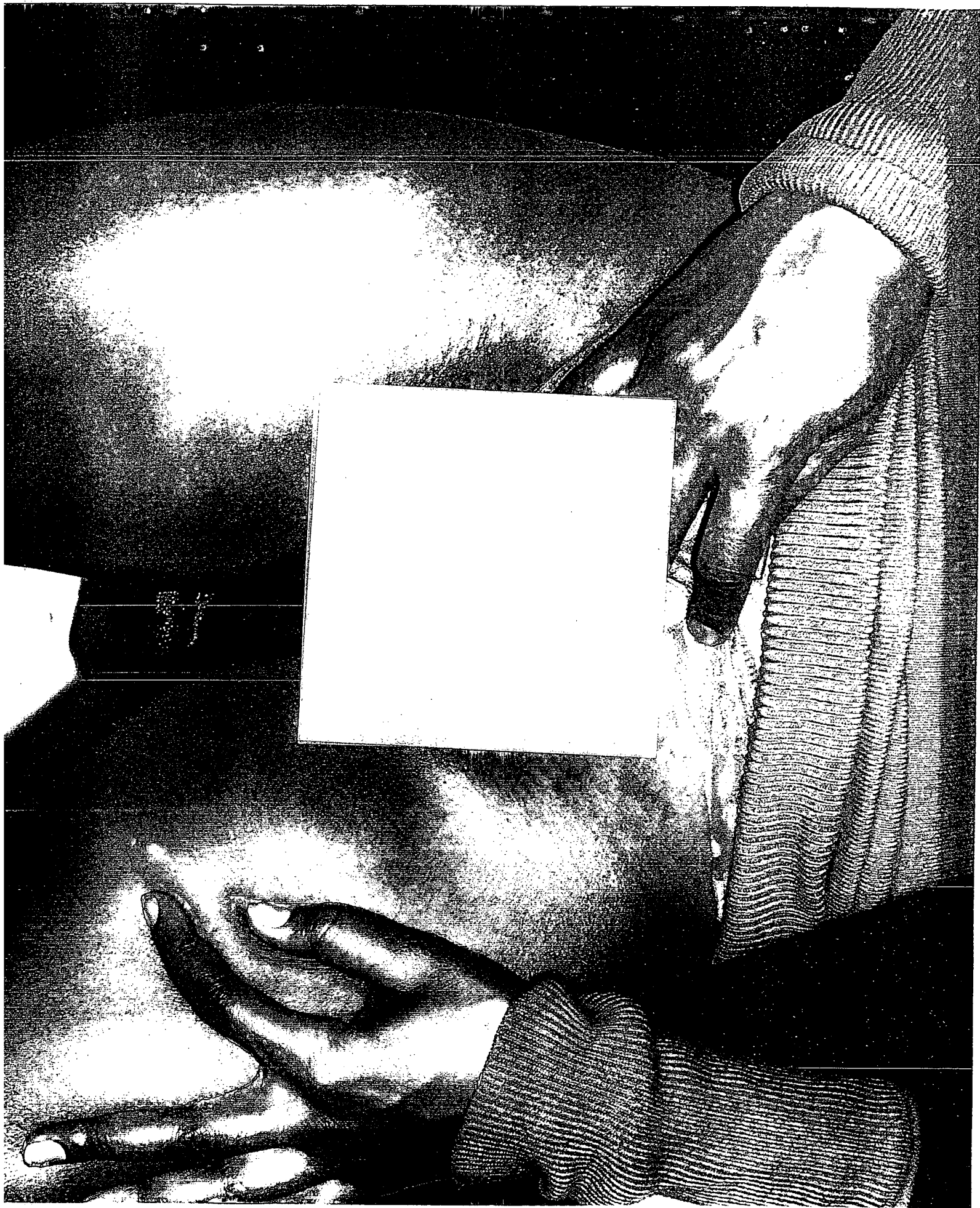


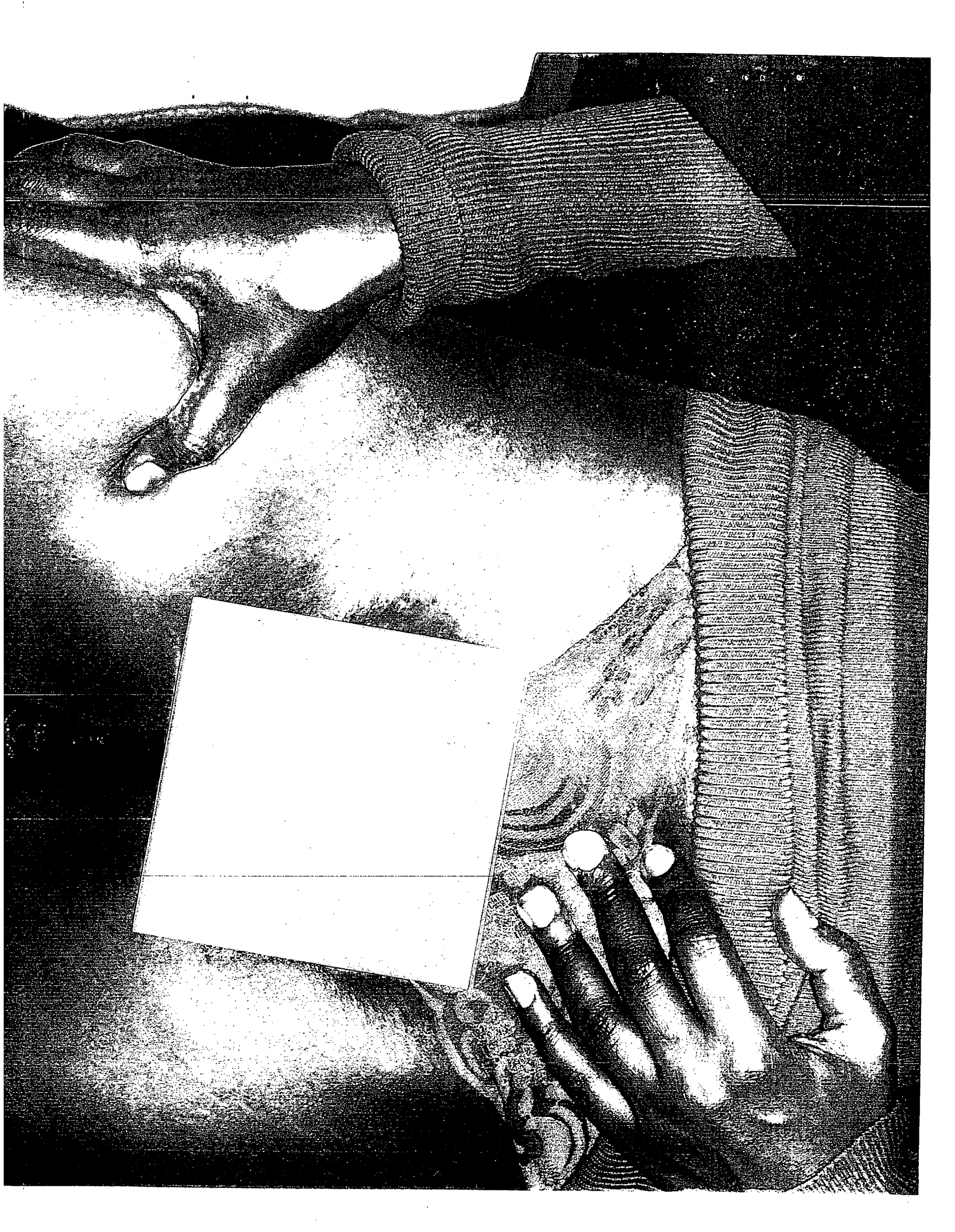












AFFIDAVIT OF SERVICE

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
30 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, 1999

2013

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
ZUFAN TSEGAI,

Plaintiff,

-against-

ALC OF NEW YORK, LLC and
AMERICAN LASER CENTERS,

Defendants.
-----X

Index No. 100662/11

RESPONSE TO
COMBINED DEMANDS

S I R S :

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. A duly 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., 2 5th 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.

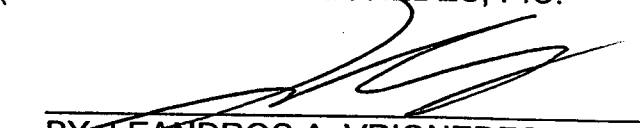
8. The plaintiff is not in possession of any accident or incident reports prepared in the ordinary course of business.

9. The plaintiff intends to call Ronald Levandusky, M.D., 2 5th 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, New York
June 9, 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 carry out our treatment, payment or business 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 Health/Personal Information

Your protected health/personal information may be used and disclosed by our medical director, our office staff and others outside 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.

Treatment: 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 require 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.

Payment: 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.

Healthcare 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, employee review activities, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet 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 oversight; abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coroners, funeral 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 164.501.

Other Permitted 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.

 ZS
Patient initials



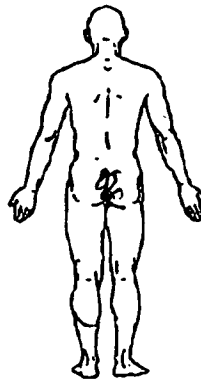
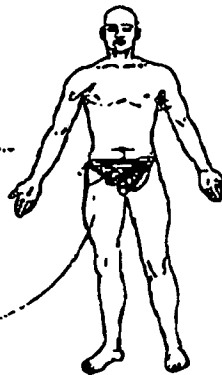
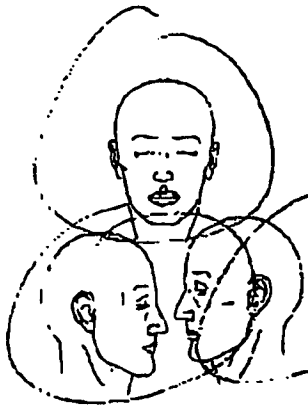
Treatment and Financial Agreement

Name: Zufan Tsegai

Date: 11/10/06

Notes:

Treatment Area	Price	Discount	Price	Product	Price
Wax	2939.70	none		Wax	35
Microderm	1400	none			
BHT	1500				
Total	5939.40		Total 1000		
				Tax Total	175



Vela Smooth

- Body Parts
 - ☐ Hips & abdomen
 - ☐ Thighs & Buttocks
 - ☐ Arms
- Treatments
 - ☐ 10 treatments
 - ☐ 15 treatments
 - ☐ 20 treatments
- Maintenance Package
 - ☐ ___ treatments

Total Price Treatment \$ 1000

Total Price Product \$ X

Total Price \$ 1000

Hair Removal

Pays per treatment - PRICE SUBJECT TO CHANGE

Package of 6 - paid in full - 2 year guarantee

FotoFacial

Pays per treatment - PRICE SUBJECT TO CHANGE

Package of 5 FotoFacials/ 5 Microdermabrasions - paid in full

Microdermabrasion

Pays per treatment - PRICE SUBJECT TO CHANGE

Package of 15 paid in full

VelaSmooth

Pays per treatment - PRICE SUBJECT TO CHANGE

Package of ___ paid in full

I fully understand and agree to the treatment area(s) that will be treated and the nonrefundable fee I will pay for my treatments. Guarantee for hair removal starts on the day the sixth treatment is completed.

Date: 11/10/06 Name: Zufan Tsegai Staff: [Signature]



Consent for Laser Hair Removal

This consent is designed to give Zufan Isega the information needed to make an informed decision to undergo LightSheer™ Diode Laser, Comet™ Diode Laser and Radiofrequency, or Aurora™ Intense Pulsed 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 laser 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 LightSheer™ Diode Laser, the Comet™ Diode Laser or the Aurora™ IPL/RF device is absorbed by the pigment located in the hair follicle. The laser pulses for a fraction of a second, just long enough to vaporize the pigment, disabling 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 applied 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™ Diode Laser, The Comet™ Diode Laser, and Aurora™ IPL/RF 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 weeks 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.

Initial/Date ZI

Sun Tanning/Artificial Tanning

No tanning (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 stains, under the eyebrows, or any orifice. Use of photosensitive medications may cause increased skin sensitivity to LightSheer™ 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

Your consultant has explained the theory of the LightSheer™ Diode Laser, the Comet™ Diode Laser and/or the Aurora™ 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 LightSheer™ Diode Laser, the Comet™ Diode Laser, and/or the Aurora™ IPL/RF 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 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.

Patient Signature Zigantova Date / Time 06/11/06

Parent/Legal Guardian (if Patient is a Minor): _____ Date / Time _____

Witness Signature Carla Evans Date / Time 06/11/06

Location: Brighton



Consent for Microdermabrasion

1. I understand 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. I understand 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. I acknowledge 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. I give my permission for photos to be taken for the purpose of tracking my treatments.
7. I acknowledge that I have not used Accutane during the last 6 months.
8. I acknowledge that I should avoid the use of AmeriPure Anti Oil, AmeriPure Cell Turnover, AmeriPure Skin Lightener, and amino acid glycolic Retin-A type products the day before, day of, and 1-3 days following treatment.
9. I fully understand all of the above. All questions have been answered and I give my permission for Microdermabrasion 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.

X Patient Signature Zuzanna [Signature] Date 06/11/06
Witness Signature Carla [Signature] Date 6/11/06
Parent/Legal Guardian Signature (If Patient is a Minor): _____ Date _____
Location: BRIGHTON



American Laser Centers 2 Year Guarantee

Patient Name: Z. FANTASIA Location: BRIGHTON

Patient Signature: [Signature] Date: 11/11/04

Staff Signature: [Signature] Date: 11/11/04

Areas Treated: Upper Lip, Chin, Neck

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 treatments 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

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



American Laser Centers 2 Year Guarantee

Patient Name: Zufan Tsegai Location: Beighton

X Patient Signature: Zufan Tsegai Date: 06/11/08

Staff Signature: Cezla P. ... Date: 06/11/08

Areas Treated: Brazilian, Underarms

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 treatments 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

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



American Laser Centers

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 tanning 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 until all 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 hairs 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 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 you at your next appointment. Phone #: 617 182-1285

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

Patient Signature

Date 07/19/06

Staff Signature

Date 7/19/06



American Laser Centers

Post Instructions -
Microdermabrasion
and/or FotoFacial®

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

A cold 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 wait 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. Makeup may be applied that evening if needed.

To wash - 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 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 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 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 Phone # is 617 782 1285

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

Client Zuzan Tsegai Date 6/10/06

Staff Josh Watson Date 6/10/06



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 tanning 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 until all 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 hairs 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 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 you at your next appointment. Phone #: 611 782 2885

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

Patient Signature [Signature] Date 6/10/06

Staff Signature [Signature] Date 6/10/06



American Laser Centers

**Post Instructions
Microdermabrasion
and/or Fotofacial®**

Thank you for scheduling your Fotofacial®/Microdermabrasion treatment with American Laser Centers. The following instructions need to be followed diligently in order to obtain optimum results.

A cool 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 wait 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 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 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 phone # is

(417) 782-1285

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

Client:

[Signature]

Date:

07/19/06

Staff:

[Signature]

Date:

7/19/06



American Laser Centers

Client History

Please print

Date: 5/31/06

Name: Eugan Tsegai Date of Birth: 75

Address: 55 Chester St #2 City: Allston State: MA Zip: 02134

Home Phone: [REDACTED] Cell Phone: [REDACTED] E-mail: [REDACTED]

(If you are interested in receiving American Laser Center's news and promotions please provide us with your e-mail address.)

How did you hear about us? Online

Occupation: Clinical Document Specialist Work Phone: [REDACTED]

Name of Company: Hyatt

What method of payment is best for you? ☐ Financing ☐ Credit Card ☐ Check ☐ Cash

What type of treatment are you interested in? ☒ Hair Removal ☒ Skin Rejuvenation

What areas on your face and/or body? under arm, bikini, face

Please check the appropriate answer for yourself

Are you pregnant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have a pacemaker?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have any metal surgical implants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been diagnosed with any autoimmune disease?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are you taking accutane or any sun-sensitive medications?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are you on chemo or radiation therapy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have a history of seizures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have a history of cold sores or herpes virus?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you been diagnosed with diabetes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you take aspirin on a regular basis OR take any blood thinners?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have a thyroid condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have a hormone condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have a history of numbness on any part of your face or body?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are you allergic to xylocaine or novocaine?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are you allergic to latex?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have a history of keloid scarring?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Please list medications you take (prescribed or over the counter): _____

Please list allergies to medications: _____

Please list your hobbies: _____

I have answered all questions to the best of my knowledge.

Client Signature: [Signature] Date: 5/31/06



American Laser Centers

Skin Survey

1. How would you describe your skin?

Dry Normal Oily Combination Acne-prone

2. How does your skin react to the sun? sensitive/normal

3. How often are you cleansing your skin? 2/day

4. How often do you exfoliate your skin?

5. What are your skin concerns? pimples/dark spots

6. What products are you using? Neutrogena

7. Are you happy with your current skin care program? It could get better

8. Do you receive professional facial treatments? If so, please describe: Seldom

9. What ultimate results do you want to achieve for your skin? Clear complexion



American Laser Centers Skin Type Assessment

PLEASE PRINT NAME AND HERITAGE. DO NOT WRITE IN THESE SPACES. IF YOU HAVE A SKIN TYPE, PLEASE PRINT IT.

Name Zufan Tseng Heritage Black

Genetic Disposition

Score	0	1	2	3
What is the color of your eyes?	Light blue, Green	Gray	Blue	Dark Brown
What is your natural hair color?	Sandy Red	Blonde	Chesnut/Dark Blonde	Dark Brown
What is the color of your skin?	Ruddish	Very Pale	Pale	Light Brown
Do you have freckles?	Many	Several	Few	Incidental
Total				16

Reaction to Sun Exposure

Score	0	1	2	3
What happens when overexposed to the sun?	Redness/Blistering/Peels	Blistering/Peeling	Burns Sometimes/Peels	Rarely Burns
To what degree does your skin turn brown?	Hardly/Not at all	Light Color/Tan	Medium Tan	Tans Easily
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant
Total				12

Tanning Habits

Score	0	1	2	3
When was your last exposure to sun, tans or cream?	More than 3 months	2 to 3 months	1 to 2 months	Less than 2 weeks
Was the treatment area exposed?	Never	Hardly Ever	Sometimes	Often
Total				

Heritage

For each Part 1, of African American or East Indian descent add 10 points	10	20
For each Grandparent of African American or East Indian descent add 5 points (Part 1 no points were added for Part 1)	5	10
If your heritage is Latin American, Asian Pacific, or other, add 5 points to the American and 5 points	5	
Total		20

Summary

Total for Genetic Disposition
Total for Reaction to Sun Exposure
Total for Tanning Habits
Total for Heritage
Skin Type Score

16
12
20
20

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V
35 and over	VI

*Suntanned skin overrides the skin type score.

295 424 8459



American Laser Centers Payment Summary

NAME: Zofan Tsegai

1. Notes: _____ Date: 6/10/00

TX/ PRICE: BRAZ / underarms PRODUCT/ PRICE: 15 mp

Paid Amount 1,000 Check 600 VISA Credit Card 400 Cash Fin Paid in Full Per Tx. Pkg. Split

2. Notes: _____ Date: _____

TX/ PRICE: _____ PRODUCT/ PRICE: _____

Paid Amount _____ Check Credit Card Cash Fin Paid in Full Per Tx. Pkg. Split

3. Notes: _____ Date: _____

TX/ PRICE: _____ PRODUCT/ PRICE: _____

Paid Amount _____ Check Credit Card Cash Fin Paid in Full Per Tx. Pkg. Split

4. Notes: _____ Date: _____

TX/ PRICE: _____ PRODUCT/ PRICE: _____

Paid Amount _____ Check Credit Card Cash Fin Paid in Full Per Tx. Pkg. Split

5. Notes: _____ Date: _____

TX/ PRICE: _____ PRODUCT/ PRICE: _____

Paid Amount _____ Check Credit Card Cash Fin Paid in Full Per Tx. Pkg. Split

6. Notes: _____ Date: _____

TX/ PRICE: _____ PRODUCT/ PRICE: _____

Paid Amount _____ Check Credit Card Cash Fin Paid in Full Per Tx. Pkg. Split

APPLICATION AND INITIAL CARDHOLDER DISCLOSURE A credit service of GE Money Bank

TOP SECTION FOR OFFICE USE ONLY

Search by PHONE: (800) 859-9975

Submit by INTERNET: CARECREDIT.COM

ESTIMATED FEE \$ 1000		Office Merchant # 534812028190256		For assistance, call (800) 839-9078		Pre-Approval Offer	
Account ID Type / Number 1000-19577007		Insurance State CA		Exp. Date 12/31/08		Account ID Type / Number 1000-19577007	
Officer's Name KRISH NATHAN		Officer's Title 1000-19577007		Officer's Phone 1000-19577007		Officer's Email 1000-19577007	
Provider of GE Money Bank		Address 1000-19577007		City 1000-19577007		State 1000-19577007	

1. APPLICANT INFORMATION: Please tell us about yourself. For VA residents, if you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form.

Name (First, Last, Middle Initial) ZUFAN TSEGAI

Address 600 Chester St #2, Allston, MA 02134

City Allston **State** MA **Zip** 02134

Phone 617-552-1000

Monthly Net Income From All Sources \$3,000

Employer's Phone No.

2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF - CO-APPLICANT WILL RECEIVE A "CARECREDIT CREDIT CARD")

Name (First, Last, Middle Initial)

Address

City **State** **Zip**

Phone

Monthly Net Income From All Sources

Employer's Phone No.

3. APPLICANT and CO-APPLICANT: We need your signature(s) below

By signing this application, I ask that GE Money Bank ("you") issue me a CareCredit credit card. I am providing this information to you, to CareCredit, LLC and to participating professionals that accept the CareCredit Credit Card. I also authorize and direct you to furnish information about me (including whether this application is approved or declined) and, if it is approved, information about my Account, to CareCredit, LLC and to participating professionals that accept the CareCredit Credit Card (and their respective affiliates) for use in connection with the CareCredit Credit Card program, including to create and update their customer records for me, to assist them in better serving me, and to provide me with notices of special promotions, catalogs and tailored offers. I affirm that the information I have submitted is complete and truthful, and that my Account will be used only for personal, family and household purposes. I authorize you to make inquiries you deem necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing, maintaining or collecting my account. Upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I also understand that the CareCredit credit card agreement (the "Agreement") will govern my Account, the terms of which are hereby incorporated by reference into and made a part of this application, and that the Agreement includes an ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I understand that under the Agreement, I grant you a security interest in goods purchased on the Account, as permitted by law. I understand that there is no agreement between us until you approve my application, and that if approved, our Agreement will be deemed to have been made in Utah. I understand that I may apply for my own Account regardless of my marital status, after credit approval and subject to the governing credit agreement, each Applicant may use this Account and will each be liable for all credit extended under this Account to any Applicant or Authorized User.

Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.

I request that you open up the type of account I have been pre-approved for and I have read the Key Credit Terms and the Pre-screen Disclosures on the next page.

Signature of Applicant *Zufan Tsegai* **5/31/06**

Signature of Co-Applicant (if Applicable)

We may refuse to open an account in your name if we determine that you no longer meet our credit criteria.

PROTECT YOUR CREDIT CARD ACCOUNT WITH ACCOUNT SECURITY - (Optional)

By signing to purchase Account Security, I acknowledge that I do not need to purchase Account Security to get credit. I have received and read the disclosures that are set forth below and in the Account Security Summary attached. I agree that you may bill my Account a fee each month of \$1.50 per \$100 of the average daily balance of my Account as provided in the terms of the Account Security agreement. I may cancel at any time.

YES, I would like to purchase Account Security **Sign Here to Enroll X**

Account Security is not available for residents of Alabama and Mississippi.

Office managers who submit applications for Account Security must read the following disclosure to the applicant:

1) Account Security is optional and your decision whether to purchase or not will not affect your application or the terms of any existing credit agreement you have with the Issuing bank. 2) You will get complete terms of the Account Security program in the mail before your first payment for Account Security is due. 3) You should carefully read the detailed summary of terms, eligibility requirements, conditions and exclusions that could prevent you from receiving Account Security benefits.

****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.**

****Clients 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? ☐ NO ☐ YES
(Take before every Microdermabrasion)

3. Is pt tan BY YOUR ASSESSMENT? ☐ NO ☐ 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? ☐ NO ☐ YES Did you give a prescription for Valtrex? ☐ NO ☐ YES

Treatment Setting: 340

Post Treatment Skin Reaction _____

Did you apply AmeriPure Post Laser Lotion & sun block ☐ NO ☐ YES

Have Post Instructions have been given verbally and written? ☐ NO ☐ YES

Pt must be given HIPAA form at the first treatment. Has HIPAA form been given? ☐ NO ☐ YES

Will client be starting any new AmeriPure products? Please list: _____

Notes SEE - ECHARTING

I verify that this form is complete and correct.

Staff [Signature] Date 10/24/00

**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.

**Clients 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? ☐ NO ☐ YES
(Take before every Microdermabrasion)

3. Is pt tan BY YOUR ASSESSMENT? ☐ NO ☐ 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? ☐ NO ☐ YES Did you give a prescription for Valtrex? ☐ NO ☐ YES

Treatment Setting: 40/40

Post Treatment Skin Reaction hasn't seen enough change or clearing

Did you apply AmeriPure Post Laser Lotion & sun block ☐ NO ☐ YES

Have Post Instructions have been given verbally and written? ☐ NO ☐ YES

Pt must be given HIPAA form at the first treatment. Has HIPAA form been given? ☐ NO ☐ YES

Will client be starting any new AmeriPure products? Please list: _____

Notes: _____

I verify that this form is complete and correct.

Staff: Collette Javer Date: 7-18-06

*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 form.

*Treatments must be done at correct intervals. Enter reason if treatment is not at correct interval.

1. Is client on AmeriPure Skin Care? If no, then introduce products to your client.

2. Product Review (make sure all FF clients are using AmeriPure products)

Note changes: _____

3. Have photos been taken? ☐ NO ☐ YES

(Take before all hair removal and FF treatments)

4. Is client tan BY YOUR ASSESSMENT? ☐ NO ☐ YES Date of last exposure _____

5. Client comments from previous treatment: _____

6. How long did client stay pink? _____ Any concerns from last treatment? _____

7. Did client use elamax? ☐ NO ☐ YES If yes, wipe off with water thoroughly

8. Has client ever had cold sore in treatment area? ☐ NO ☐ YES If yes, does pt have Valtrex?

☐ NO ☐ YES Did you give a prescription for Valtrex? ☐ NO ☐ YES

Test location: _____

Test Settings: J/cm 10 - 12 RF 20 - 25 0 S 10 ISL _____ ISM (lowest-highest) 1 - 3

Lightshear: J/cm _____ msec _____

Treatment Area: _____

Tx Settings: J/cm _____ - RF _____ L _____ S _____ ISL _____ ISM (lowest-highest) 1 - 10

Lightshear: J/cm _____ msec _____

Was ice pack applied? ☐ NO ☐ YES If no, why? _____

Were goggles worn by the client during the treatment? ☐ NO ☐ YES Initials _____

Post treatment skin reaction: _____

AmeriPure Post Treatment Lotion & sun block applied? ☐ NO ☐ YES

Post Instructions have been given verbally and written? ☐ NO ☐ YES

Client must be given HIPAA form at the first treatment. Has HIPAA form been given? ☐ NO ☐ YES

Notes: _____

I verify that this form is complete and correct.

Staff *Monica Merced* Date 12/14/06


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Monday, April 26, 2010

ALCPartner Scheduler Application 3
Welcome afrench: [Logout]**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 1 Completed	ALCMA52
2006-10-24 16:28:59.373	Chart Created	ALCMA52
2006-10-24 16:29:11.513	Step 2 Completed	ALCMA52
2006-10-24 16:29:11.513	Skin Type Assessment Submitted	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
2006-10-24 16:30:21.357	Chart Laser Test Settings Submitted	ALCMA52
2006-10-24 16:31:12.717	Step 5 Completed	ALCMA52
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:



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Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

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

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

Step 2:



Monday, April 26, 2010

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Skin Type Assessment Form

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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 ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

☐ Hardly/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☒ Less Than 2 Weeks

2. Was the treatment area exposed?

☐ Never ☐ 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score	
Skin Type Score	45

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

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

Step 3:



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Treatment Record Questionnaire 1

Patient Information
Patient Name: Zufan Tsegai VI
Treatment Area: Microderm
Treatment Number: 1
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

10/24/2006

SEE NOTES

Update Questionnaire ---->

* 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:



American Laser Centers Intranet

Monday, April 26, 2010

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Treatment Record Questionnaire 2

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?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* These Are Required Fields


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Monday, April 26, 2010

ALCPartner Scheduler Application 3
Welcome afrench: [Logout]**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
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2006-10-24 16:31:12.717	Step 5 Completed	ALCMA52
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:



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Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

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

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

Step 2:

Monday, April 26, 2010

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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?

☐ Light Blue, Green

☐ Gray

☐ Blue

☐ Dark Brown

☒ Brown/Black

2. What is your natural hair color?

☐ Sandy Red

☐ Blonde

☐ Chestnut/Dark Blonde

☐ Dark Brown

☒ Black

3. What is the color of your skin?

☐ Reddish

☐ Very Pale

☐ Pale

☐ Light Brown

☒ Dark Brown

4. Do you have freckles?

☐ Many

☐ Several

☐ Few

☐ Incidental

☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

☐ Redness/Blistering/Peels

☐ Blistering/Peeling

☐ Burns Sometimes/Peels

☒ Rarely Burns

☐ Never Burns

2. To what degree does your skin turn brown?

☐ Hardly/Not At All

☐ Light Color Tan

☐ Medium Tan

☐ Tans Easily

☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

☐ Never

☐ Seldom

☐ Sometimes

☐ Often

☒ Always

4. How does your face react to the sun?

☒ Very Sensitive

☐ Sensitive

☐ Normal

☐ Very Resistant

☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

☐ More Than 3 Months

☐ 2 to 3 Months

☐ 1 to 2 Months

☐ Less Than 1 Month

☒ Less Than 2 Weeks

2. Was the treatment area exposed?

☐ Never

☐ 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

Skin Type Score 45

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

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

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Welcome afrench: [Logout]

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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Microderm
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

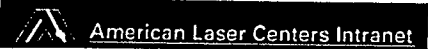
1. Is patient on AmeriPure Skin Care?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219564) Chart number 219664292663. Chart completed on 10/24/2006 for treatment at the Brighton MA clinic.

Step 5:



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Treatment Record Laser Settings

QUICK LINKS >> Click Here To Select v
① - ② - ③ - ④ - ⑤

Client Information
Patient Name: Zufan Tsegai VI
DOB: 10/20/75
Center Name: Upper West
Technician: (Employee ID) 829073

Microdermabrasion Chart
Skin Type: VI
Hair Color: Black
Treatment Area: Microderm
Is Client Tan?: NO

Microdermabrasion Chart Settings				
#	ID	Date	Body Part	Treatment Settings
6	219664292663	10/24/2006	Face	30 - 40
6	219664292663	10/24/2006	Face	30 - 40

Notes

Answer Questions 1-4

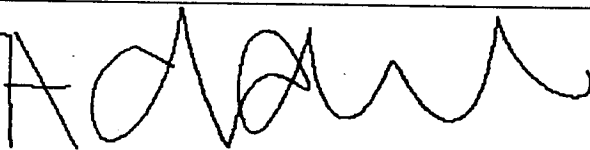
1. Post Treatment skin reaction?
PINK

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? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: 10/24/2006 Staff Signature: 

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

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 1 Completed	ALCMA52
2006-10-24 16:28:59.373	Chart Created	ALCMA52
2006-10-24 16:29:11.513	Step 2 Completed	ALCMA52
2006-10-24 16:29:11.513	Skin Type Assessment Submitted	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
2006-10-24 16:30:21.357	Chart Laser Test Settings Submitted	ALCMA52
2006-10-24 16:31:12.717	Step 5 Completed	ALCMA52
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.

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

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

Step 3:



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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Microderm
Treatment Number: 1
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date:

Signature:

10/24/2006

SEE NOTES

[Update Questionnaire -->](#)

* 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:



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Treatment Record Questionnaire 2

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?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* 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 5:



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Treatment Record Laser Settings

Client Information	
Patient Name:	Zufan Tsegai VI
DOB:	
Center Name:	upper west
Technician: (Employee ID)	829073

Microdermabrasion Chart	
Skin Type:	VI
Hair Color:	Black
Treatment Area:	Microderm
Is Client Tan?:	NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
6	219664292663	10/24/2006	Face	30 - 40
6	219664292663	10/24/2006	Face	30 - 40

Notes

Answer Questions 1-4

1. Post Treatment skin reaction?

PINK

2. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No2a. AmeriPure sun block applied? ☒ Yes ☐ No3. 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:

10/24/2006

[Update Chart](#)

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 Submitted	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.

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Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

* 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.

Step 2:



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Skin Type Assessment Form

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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 ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you were over exposed to the sun how would your skin react?

☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

☐ Hardly/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☒ Less Than 2 Weeks

2. Was the treatment area exposed?

☐ Never ☐ 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score

45

[Update Assessment](#)

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

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

Step 3:



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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI

Treatment Area: Microderm

Treatment Number: 2

Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

11/18/2006

[Update Questionnaire ---->](#)

* 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.

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Treatment Record Laser Settings

Client Information

Patient Name: Zufan Tsegai VI
DOB: ()
Center Name: upper west
Technician: (Employee ID) 829085

Microdermabrasion Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Microderm
Is Client Tan?: NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
7	219664344536	11/18/2006	Face	40 - 40

Notes

Answer Questions 1-4

1. Post Treatment skin reaction?

pink

2. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No2a. AmeriPure sun block applied? ☒ Yes ☐ No3. 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 1 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 Submitted	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.

Step 1:



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Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

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

Zufan Tsegai VI (Patient ID 219654) Chart number 219664399248. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 3:



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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 1
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

12/14/2006

Update Questionnaire ---->

* These Are Required Fields

1 1
2 2

1 1
2 2

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

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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* 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.

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Treatment Record Laser Settings

Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name:
Technician: (Employee ID) 829086

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Arms Under
Is Client Tan?: NO

Laser for Procedure

Laser Aurora/Amerilight
Selected (NEW)

Laser Test Area

ID 219664399248 Test Area
Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
3	219664399248	12/14/2006	I	F 20 T 25	F 10 T 12	Long	10	F 1 T 4	Aurora/Amerilight (NEW)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
3	219664399248	12/14/2006		25	12	Long	10	1 - 7	Aurora/Amerilight (NEW)

Notes

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☐ No
- 1a. Was skin type changed (if skin type I - III)? ☐ Yes ☐ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. 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:

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]



2006-12-14 17:56:28.153

Zufan Tsehai 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 Submitted	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:



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Create Chart For Patient

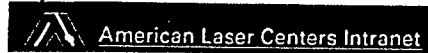
Procedures

Select Procedure(s) for Chart:

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

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

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Skin Type Assessment Form

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 ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

☐ Hardly/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☒ Less Than 2 Weeks

2. Was the treatment area exposed?

☐ Never ☐ 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score 45

[Update Assessment](#)

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

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

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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 1
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

12/14/2006

[Update Questionnaire ---->](#)

* These Are Required Fields

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

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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☐ No

[Update Questionnaire 2 -->](#)

* These Are Required Fields

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

Step 5:



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Treatment Record Laser Settings

Client Information	
Client Name:	Zufan Tsegai VI
DOB:	10/20/75
Center Name:	Upper West
Technician: (Employee ID)	829086

Laser Hair Removal Chart	
Skin Type:	VI
Hair Color:	Black
Treatment Area:	Bikini Brazilian
Is Client Tan?:	NO

Laser for Procedure	
Laser	Aurora/Amerilight
Selected	(NEW)

Laser Test Area	
ID	Test Area
219664399273	Face - Left forehead or behind ears

Laser Test Settings									
#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
3	219664399273	12/14/2006	I	F 20 T 25	F 10 T 12	Long	10	F 1 T 8	Aurora/Amerilight (NEW)

Laser Hair Removal Chart Settings									
#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
3	219664399273	12/14/2006		25	12	Long	10	1 - 7	Aurora/Amerilight (NEW)

Notes

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☐ No
- 1a. Was skin type changed (if skin type I - III)? ☐ Yes ☐ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. 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:

12/14/2006

[Update Chart](#)

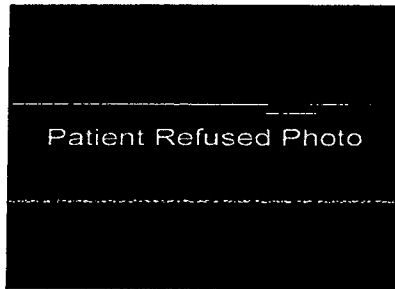
Zufan Tsegai VI (Patient ID 219664) Chart number 219664399273. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 6/Photos:

Chart # 219664399273 Photos

Zufan Tsegai VI

[Close Window]



2006-12-14 17:56:11.81

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399279. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

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
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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 Submitted	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

Zufan Tsegai VI (Patient ID 219604) Chart number 219664399279. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 1:



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Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

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

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399279. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 2:



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Skin Type Assessment Form

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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 ☐ Gray ☐ Blue ☐ Dark Brown ☐ Brown/Black

2. What is your natural hair color?

- ☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☐ Black

3. What is the color of your skin?

- ☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☐ Dark Brown

4. Do you have freckles?

- ☐ Many ☐ Several ☐ Few ☐ Incidental ☐ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

- ☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☐ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

- ☐ Hardly/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☐ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

4. How does your face react to the sun?

- ☐ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

- ☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☐ Less Than 2 Weeks

2. Was the treatment area exposed?

- ☐ Never ☐ 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score

45

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399279. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 3:



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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Microderm
Treatment Number: 3
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

12/14/2006

[Update Questionnaire -->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664399279. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 5:



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QUICK LINKS >>

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Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

Client Information	
Patient Name:	Zufan Tsegai VI
DOB:	
Center Name:	upper west
Technician: (Employee ID)	829086

Microdermabrasion Chart	
Skin Type:	VI
Hair Color:	Black
Treatment Area:	Microderm
Is Client Tan?:	NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
7	219664399279	12/14/2006	Face	40 - 40

Notes

--

Answer Questions 1-4

1. Post Treatment skin reaction?	
2. AmeriPure Post Treatment Lotion applied?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2a. AmeriPure sun block applied?	<input checked="" type="radio"/> Yes <input type="radio"/> No
3. Post Instructions have been given verbally and written-on first treatment?	<input checked="" type="radio"/> Yes <input type="radio"/> No

I verify that this form is complete and correct.

Date: Staff Signature:

12/14/2006

Update Chart

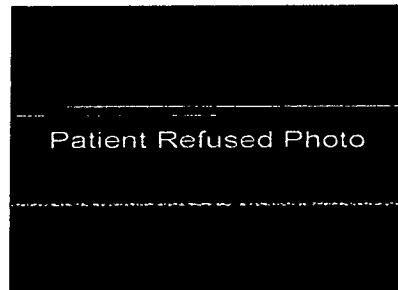
Zufan Tsegai VI (Patient ID 219664) Chart number 219664399279. Chart completed on 12/14/2006 for treatment at the Brighton MA clinic.

Step 6/Photos:

Chart # 219664399279 Photos

Zufan Tsegai VI

[Close Window]



2006-12-14 17:57:42.91

Zufan Tsegai VI (Patient ID 219664) Chart number 219664463499. Chart completed on 01/14/2007 for treatment at the Brighton MA clinic.

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 Submitted	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

Zufan Tsegai VI (Patient ID 219664) Chart number 219664463499. Chart completed on 01/14/2007 for treatment at the Brighton MA clinic.

Step 1:

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QUICK LINKS >>

[Click Here To Select v](#)[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)**Create Chart For Patient****Procedures****Select Procedure(s) for Chart:**

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

Zufan Tsegai VI (Patient ID 219664) Chart number 219664463499. Chart completed on 01/14/2007 for treatment at the Brighton MA clinic.

Step 2:



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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?

- ☐ Light Blue, Green ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

- ☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

- ☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

- ☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

- ☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

- ☐ Hardly/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

- ☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

- ☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☒ Less Than 2 Weeks

2. Was the treatment area exposed?

- ☐ Never ☐ 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score

45

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 219664463499. Chart completed on 01/14/2007 for treatment at the Brighton MA clinic.

Step 3:



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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Microderm
Treatment Number: 4
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify: N/A
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify: N/A
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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?* ☐ 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
7. 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?* ☐ Yes ☒ No
If YES, please specify: N/A
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

01/14/2007

Update 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.

Step 4:



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Treatment Record Questionnaire 2

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?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* 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.

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Treatment Record Laser Settings

Client Information	
Patient Name:	Zufan Tsegai VI
DOB:	
Center Name:	upper West
Technician: (Employee ID)	829086

Microdermabrasion Chart	
Skin Type:	VI
Hair Color:	Black
Treatment Area:	Microderm
Is Client Tan?:	NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
8	219664463499	01/14/2007	Face	40 - 50

Notes

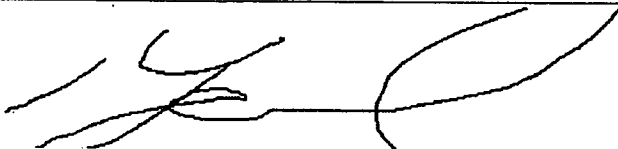
--

Answer Questions 1-4

1. Post Treatment skin reaction?	<input type="text"/>
2. AmeriPure Post Treatment Lotion applied?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2a. AmeriPure sun block applied?	<input checked="" type="radio"/> Yes <input type="radio"/> No
3. Post Instructions have been given verbally and written-on first treatment?	<input checked="" type="radio"/> Yes <input type="radio"/> No

I verify that this form is complete and correct.

Date: Staff Signature:

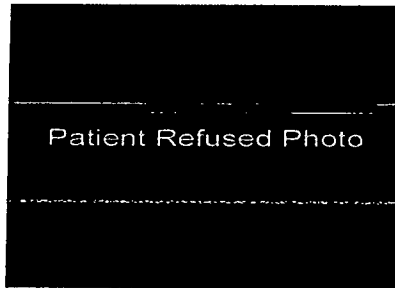
01/14/2007		<input type="button" value="Update Chart"/>
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Zufan Tsegai VI (Patient ID 219664) Chart number 219664463499. Chart completed on 01/14/2007 for treatment at the Brighton MA clinic.

Step 6/Photos:
Chart # 219664463499 Photos

Zufan Tsegai VI

[Close Window]



2007-01-14 09:24:19.07

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574053. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

Action:

[\[Return To Client Charting\]](#)

Patient Chart ID 219664574053 History

Chart ID #: 219664574053

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

Transactions Processed

Date Actioned	Action Taken	Actioned By
2007-02-24 12:05:08.42	Verified Hipaa/Consent Forms Signed	ALCMA52
2007-02-24 12:05:15.19	Step 1 Completed	ALCMA52
2007-02-24 12:05:15.19	Chart Created	ALCMA52
2007-02-24 12:05:23.157	Step 2 Completed	ALCMA52
2007-02-24 12:05:23.157	Skin Type Assessment Submitted	ALCMA52
2007-02-24 12:06:20.88	Step 3 Completed	ALCMA52
2007-02-24 12:06:20.88	Treatment Record Q1 Completed	ALCMA52
2007-02-24 12:06:54.867	Step 4 Completed	ALCMA52
2007-02-24 12:06:54.867	Treatment Record Q2 Completed	ALCMA52
2007-02-24 12:07:33.383	Chart Laser Test Settings Submitted	ALCMA52
2007-02-24 12:08:02.947	Step 5 Completed	ALCMA52
2007-02-24 12:08:02.947	Treatment Record Settings Completed	ALCMA52
2007-02-24 12:58:08.88	Photo Uploaded	ALCMA52

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574053. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

Step 1:



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Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

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

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574053. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

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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?

☐ Light Blue, Green ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

☐ Hardly/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☒ Less Than 2 Weeks

2. Was the treatment area exposed?

☐ Never ☐ 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

Skin Type Score 45

[Update Assessment](#)

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574053. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

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Treatment Record Questionnaire 1

QUICK LINKS >>

[Click Here To Select v](#)

① - ② - ③ - ④ - ⑤

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 2
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

02/24/2007

[Update Questionnaire ---->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574053. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

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Treatment Record Questionnaire 2

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Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

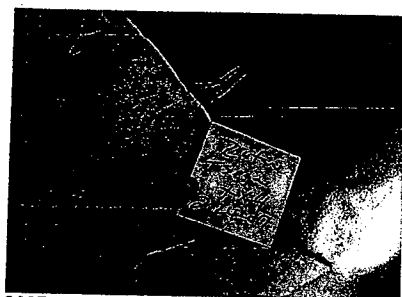
* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574053. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

Step 6/Photos:
Chart # 219664574053 Photos

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Zufan Tsegai VI



2007-02-24 12:58:08.85

Zufan Tsegai VI (Patient ID 219654) Chart number 219664574294. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

Action:[Return To Client Charting]

Patient Chart ID 219664574294 History

Chart ID #: 219664574294

Date Created: 2007-02-24 12:58:54.977

Transactions Processed

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 Submitted	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

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574294. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

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Create Chart For Patient**Procedures****Select Procedure(s) for Chart:**

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

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574294. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

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Skin Type Assessment Form

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

Genetic Disposition				
1. What is the color of your eyes?				
<input type="radio"/> Light Blue, Green	<input type="radio"/> Gray	<input type="radio"/> Blue	<input type="radio"/> Dark Brown	<input checked="" type="radio"/> Brown/Black
2. What is your natural hair color?				
<input type="radio"/> Sandy Red	<input type="radio"/> Blonde	<input type="radio"/> Chestnut/Dark Blonde	<input type="radio"/> Dark Brown	<input checked="" type="radio"/> Black
3. What is the color of your skin?				
<input type="radio"/> Reddish	<input type="radio"/> Very Pale	<input type="radio"/> Pale	<input type="radio"/> Light Brown	<input checked="" type="radio"/> Dark Brown
4. Do you have freckles?				
<input type="radio"/> Many	<input type="radio"/> Several	<input type="radio"/> Few	<input type="radio"/> Incidental	<input checked="" type="radio"/> None
Reaction to Sun Exposure				
1. If you where over exposed to the sun how would your skin react?				
<input type="radio"/> Redness/Blistering/Peels	<input type="radio"/> Blistering/Peeling	<input type="radio"/> Burns Sometimes/Peels	<input checked="" type="radio"/> Rarely Burns	<input type="radio"/> Never Burns
2. To what degree does your skin turn brown?				
<input type="radio"/> Hardly/Not At All	<input type="radio"/> Light Color Tan	<input type="radio"/> Medium Tan	<input type="radio"/> Tans Easily	<input checked="" type="radio"/> Turns Dark Brown Quickly
3. Do you turn brown within several hours after sun exposure?				
<input type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input checked="" type="radio"/> Always
4. How does your face react to the sun?				
<input checked="" type="radio"/> Very Sensitive	<input type="radio"/> Sensitive	<input type="radio"/> Normal	<input type="radio"/> Very Resistant	<input type="radio"/> No Problem
Tanning Habits				
1. When was your last exposure to sun, lamps or cream?				
<input type="radio"/> More Than 3 Months	<input type="radio"/> 2 to 3 Months	<input type="radio"/> 1 to 2 Months	<input type="radio"/> Less Than 1 Month	<input checked="" type="radio"/> Less Than 2 Weeks
2. Was the treatment area exposed?				
<input type="radio"/> Never	<input type="radio"/> Hardly Ever	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input checked="" type="radio"/> 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points**Summary**

Total Score	
Skin Type Score	45

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574294. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 2
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

02/24/2007

[Update Questionnaire ---->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574294. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☐ No

[Update Questionnaire 2 --->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574294. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

Step 5:



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Treatment Record Laser Settings

Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name:
Technician: (Employee ID) 829085

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Bikini Brazilian
Is Client Tan?: NO

Laser for Procedure

Laser Selected AmeriLase (OLD)

Laser Test Area

ID Test Area
219664399273 Bikini or Legs - Inner upper

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
4	219664574294	02/24/2007	I	Normal	F10 - T12	F1 - T8	Amerilase (OLD)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
4	219664574294	02/24/2007	VI	Normal	12	1 - 7	Amerilase (OLD)

Notes

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☒ No
1a. Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. 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:

02/24/2007

[Update Chart](#)

Zufan Tsegai VI (Patient ID 219664) Chart number 219664574294. Chart completed on 02/24/2007 for treatment at the Brighton MA clinic.

Step 6/Photos:**Chart # 219664574294 Photos****Zufan Tsegai VI**[\[Close Window\]](#)

2007-02-24 13:00:51.267

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

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 By
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 Submitted	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

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

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Create Chart For Patient

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Procedures

Select Procedure(s) for Chart:

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

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

Step 2:



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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?

- ☐ Light Blue, Green ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

- ☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

- ☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

- ☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you were over exposed to the sun how would your skin react?

- ☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

- ☐ Hardy/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

- ☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

- ☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☒ Less Than 2 Weeks

2. Was the treatment area exposed?

- ☐ Never ☐ 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score

45

[Update Assessment](#)

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

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

Step 3:

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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Microderm
Treatment Number: 5
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

02/24/2007

[Update Questionnaire ---->](#)

* These Are Required Fields

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

Step 4:

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Treatment Record Questionnaire 2

① - 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?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?*
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?* ☐ Yes ☐ No

[Update Questionnaire 2 -->](#)

* These Are Required Fields

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

Step 5:



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① - ② - ③ - ④ - ⑤

Treatment Record Laser Settings

Client Information

Patient Name: Zufan Tsegai VI
DOB:
Center Name:
Technician: (Employee ID) 829085

Microdermabrasion Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Microderm
Is Client Tan?: NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
9	219664574309	02/24/2007	Face	40 - 50

Notes

Answer Questions 1-4

1. Post Treatment skin reaction?

pink

2. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No2a. AmeriPure sun block applied? ☒ Yes ☐ No3. 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:

02/24/2007

[Update Chart](#)

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

Step 6/Photos:

Chart # 219664574309 Photos

[Close Window]

Zufan Tsegai VI



2007-02-24 13:03:07.523

Zufan Tsegai VI (Patient ID 219664) Chart number 219664639208. Chart completed on 03/19/2007 for treatment at the Brighton MA clinic.

Action:

[\[Return To Client Charting\]](#)

Patient Chart ID 219664639208 History

Chart ID #: 219664639208

Date Created: 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 Submitted	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
2007-03-19 17:55:08.28	Treatment Record Q1 Completed	ALCMA52

Zufan Tsegai VI (Patient ID 219664) Chart number 219664639208. Chart completed on 03/19/2007 for treatment at the Brighton MA clinic.

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Create Chart For Patient

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Procedures

Select Procedure(s) for Chart:

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

Zufan Tsegai VI (Patient ID 219664) Chart number 219664639208. Chart completed on 03/19/2007 for treatment at the Brighton MA clinic.

Step 2:


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Skin Type Assessment Form

QUICK LINKS >>

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

Summary

Total Score

Skin Type Score 45

[Update Assessment](#)

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 219664639208. Chart completed on 03/19/2007 for treatment at the Brighton MA clinic.

Step 3:



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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Microderm
Treatment Number: 6
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
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.

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Treatment Record Questionnaire 2

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?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☐ Yes ☒ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* 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 5:



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Treatment Record Laser Settings

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Click Here To Select v

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Client Information

Patient Name: Zufan Tsegai VI
DOB:
Center Name:
Technician: (Employee ID) 829087

Microdermabrasion Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Microderm
Is Client Tan?: NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
10	219664639208	03/19/2007	Face	40 - 50

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? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: Staff Signature:

03/19/2007

Update Chart

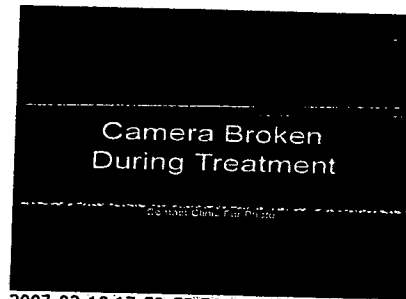
Zufan Tsegai VI (Patient ID 219664) Chart number 219664639208. Chart completed on 03/19/2007 for treatment at the Brighton MA clinic.

Step 6/Photos:

Chart # 219664639208 Photos

[Close Window]

Zufan Tsegai VI



2007-03-19 17:52:52.76

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383254. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

Action:[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 Submitted	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	ALCNY53

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383254. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

Step 3:



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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 3
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

01/25/2009

[Update Questionnaire -->](#)

* 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:

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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* 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 5:

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QUICK LINKS >>

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Treatment Record Laser Settings

Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name: Upper West
Technician: (Employee ID) 822040

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Arms Under
Is Client Tan?: NO

Laser for Procedure

Laser Selected AmeriLase (OLD)

Laser Test Area

ID Test Area
219664399248 Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
5	2196643383254	01/25/2009	I	Normal	F 10 - T 12	F 5 - T 8	Amerilase (OLD)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
3	2196643383254	01/25/2009	VI	Normal	12	1 - 7	Amerilase (OLD)

Notes

rf30 long

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☒ No
- 1a. Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☐ Yes ☒ No
5. 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:

01/25/2009

Update Chart

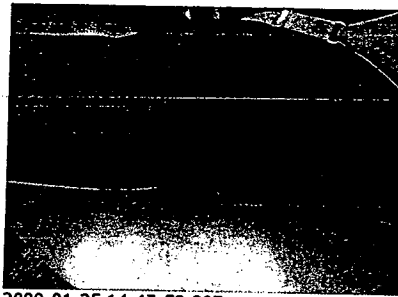
Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383254. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

Step 6/Photos:

Chart # 2196643383254 Photos

Zufan Tsegai VI

[Close Window]



2009-01-25 14:47:52.307

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383258. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

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 Submitted	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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383258. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

Step 1:



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Create Chart For Patient

Procedures

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 2196643383258. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

Step 2:



American Laser Centers Intranet

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Skin Type Assessment Form

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 ☐ Gray ☐ Blue ☐ Dark Brown ☐ Brown/Black

2. What is your natural hair color?

- ☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☐ Black

3. What is the color of your skin?

- ☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☐ Dark Brown

4. Do you have freckles?

- ☐ Many ☐ Several ☐ Few ☐ Incidental ☐ None

Reaction to Sun Exposure

1. If you were over exposed to the sun how would your skin react?

- ☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☐ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

- ☐ Hardly/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☐ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

4. How does your face react to the sun?

- ☐ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

- ☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☐ Less Than 2 Weeks

2. Was the treatment area exposed?

- ☐ Never ☐ 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score 40

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383258. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

Step 3:

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Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 3
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

01/25/2009

[Update Questionnaire ---->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383258. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383258. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

Step 5:

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Treatment Record Laser Settings

Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name: UPPER WEST
Technician: (Employee ID) 822040

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Bikini Brazilian
Is Client Tan?: NO

Laser for Procedure

Laser Selected AmeriLase (OLD)

Laser Test Area

ID 219664399273 Test Area
Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
5	2196643383258	01/25/2009	I	Normal	F 10 - T 12	F 1 - T 8	AmeriLase (OLD)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
3	2196643383258	01/25/2009	VI	Normal	12	1 - 7	AmeriLase (OLD)

Notes

rf30 long

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☒ No
- 1a. Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☐ Yes ☒ No
5. 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:

01/25/2009

Update Chart

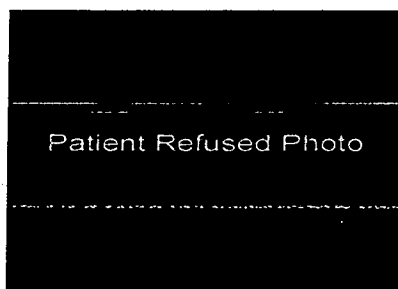
Zufan Tsegai VI (Patient ID 219664) Chart number 2196643383258. Chart completed on 01/25/2009 for treatment at the Upper West clinic.

Step 6/Photos:

Chart # 2196643383258 Photos

Zufan Tsegai VI

[Close Window]



2009-01-25 14:08:00.857

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580691. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Action:**[Return To Client Charting]**

Patient Chart ID 2196643580691 History

Chart ID #: 2196643580691

Date Created: 2009-03-08 13:57:32.193

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 Submitted	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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580691. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 1:

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[Click Here To Select v](#)[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)**Create Chart For Patient****Procedures****Select Procedure(s) for Chart:**

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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580691. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 2:



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Skin Type Assessment Form

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

Genetic Disposition				
1. What is the color of your eyes?				
<input type="radio"/> Light Blue, Green	<input type="radio"/> Gray	<input type="radio"/> Blue	<input type="radio"/> Dark Brown	<input type="radio"/> Brown/Black
2. What is your natural hair color?				
<input type="radio"/> Sandy Red	<input type="radio"/> Blonde	<input type="radio"/> Chestnut/Dark Blonde	<input type="radio"/> Dark Brown	<input type="radio"/> Black
3. What is the color of your skin?				
<input type="radio"/> Reddish	<input type="radio"/> Very Pale	<input type="radio"/> Pale	<input type="radio"/> Light Brown	<input type="radio"/> Dark Brown
4. Do you have freckles?				
<input type="radio"/> Many	<input type="radio"/> Several	<input type="radio"/> Few	<input type="radio"/> Incidental	<input type="radio"/> None
Reaction to Sun Exposure				
1. If you where over exposed to the sun how would your skin react?				
<input type="radio"/> Redness/Blistering/Peels	<input type="radio"/> Blistering/Peeling	<input type="radio"/> Burns Sometimes/Peels	<input type="radio"/> Rarely Burns	<input type="radio"/> Never Burns
2. To what degree does your skin turn brown?				
<input type="radio"/> Hardy/Not At All	<input type="radio"/> Light Color Tan	<input type="radio"/> Medium Tan	<input type="radio"/> Tans Easily	<input type="radio"/> Turns Dark Brown Quickly
3. Do you turn brown within several hours after sun exposure?				
<input type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Always
4. How does your face react to the sun?				
<input type="radio"/> Very Sensitive	<input type="radio"/> Sensitive	<input type="radio"/> Normal	<input type="radio"/> Very Resistant	<input type="radio"/> No Problem
Tanning Habits				
1. When was your last exposure to sun, lamps or cream?				
<input type="radio"/> More Than 3 Months	<input type="radio"/> 2 to 3 Months	<input type="radio"/> 1 to 2 Months	<input type="radio"/> Less Than 1 Month	<input type="radio"/> Less Than 2 Weeks
2. Was the treatment area exposed?				
<input type="radio"/> Never	<input type="radio"/> Hardly Ever	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points**Summary**

Total Score

Skin Type Score

38

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580691. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 4:

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Treatment Record Questionnaire 2

Patient Information
Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580691. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 5:



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Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name: Upper west
Technician: (Employee ID) 822028

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Arms Under
Is Client Tan?: NO

Laser for Procedure

Laser Selected AmeriLight (OLD)

Laser Test Area

ID 219664399248 Test Area
Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
6	2196643580691	03/08/2009	VI	Normal	F 10 - T 12	F 5 - T 8	AmeriLight (OLD)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
4	2196643580691	03/08/2009	VI	Normal	14	1 - 7	AmeriLight (OLD)

Notes

14/25 (RF), Long

Answer Questions 1-5

1. Was client double passed? ☒ Yes ☐ No
- 1a. Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☐ Yes ☒ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: 03/08/2009 Staff Signature:

03/08/2009

Update Chart

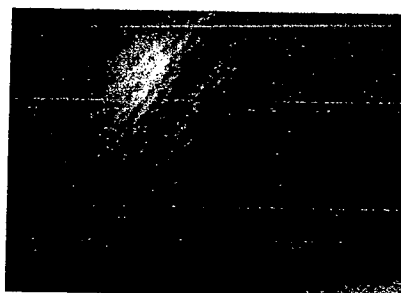
Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580691. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 6/Photos:

Chart # 2196643580691 Photos

Zufan Tsegai VI

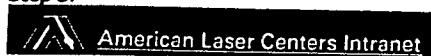
[Close Window]



2009-03-08 14:41:24.81

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

Step 3:

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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 4
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify: N/A
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify: N/A
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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?* ☐ 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
7. 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?* ☐ Yes ☒ No
If YES, please specify: N/A
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

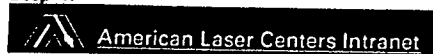
03/08/2009

[Update Questionnaire ---->](#)

* These Are Required Fields

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

Step 4:

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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ 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?
N/A
6. Did patient use topical anesthetic cream?* ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* These Are Required Fields

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

Step 5:



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Email

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Click Here To Select v

Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name: Upper West
Technician: (Employee ID) 822028

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Bikini Brazilian
Is Client Tan?: NO

Laser for Procedure

Laser Selected AmeriLight (OLD)

Laser Test Area

ID 219664399273
Test Area Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
6	2196643580696	03/08/2009	VI	Normal	F 10 - T 12	F 1 - T 8	AmeriLight (OLD)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	ISM	Laser
4	2196643580696	03/08/2009	VI	Normal	14	1 - 7	AmeriLight (OLD)

Notes

14/25 (RF), Long

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☒ No
- 1a. Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: 03/08/2009 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]



2009-03-08 14:40:35.857

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580699. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

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 Submitted	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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580699. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 2:



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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?

- ☐ Light Blue, Green ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

- ☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

- ☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

- ☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

- ☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

- ☐ Hardly/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

- ☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

- ☒ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☐ Less Than 2 Weeks

2. Was the treatment area exposed?

- ☐ Never ☒ 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score

38

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580699. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 3:



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① - ② - ③ - ④ - ⑤

Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI

Treatment Area: Microderm

Treatment Number: 7

Skin Type: VI

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

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? * ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device? * ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant? * ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area? * ☐ Yes ☒ 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:
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? *
7. Are you on Accutane? * ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause? * ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy? * ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo? * ☐ Yes ☒ No

Date: Signature:

03/08/2009

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580699. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 5:

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Treatment Record Laser Settings

Client Information

Patient Name: Zufan Tsegai VI
DOB:
Center Name: Upper west
Technician: (Employee ID) 822028

Microdermabrasion Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Microderm
Is Client Tan?: NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
11	2196643580699	03/08/2009	Face	1 - 15

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? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: Staff Signature:

03/08/2009

[Update Chart](#)

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643580699. Chart completed on 03/08/2009 for treatment at the Upper West clinic.

Step 6/Photos:

Chart # 2196643580699 Photos

[Close Window]

Zufan Tsegai VI



2009-03-08 14:39:10.697

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643789284. Chart completed on 04/17/2009 for treatment at the Upper West clinic.

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 Submitted	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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643789284. Chart completed on 04/17/2009 for treatment at the Upper West clinic.

Step 1:



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Procedures

Select Procedure(s) for Chart:

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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643789284. Chart completed on 04/17/2009 for treatment at the Upper West clinic.

Step 2:



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Skin Type Assessment Form

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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?

☐ Light Blue, Green ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

☐ Hardy/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

☒ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☐ Less Than 2 Weeks

2. Was the treatment area exposed?

☒ Never ☐ 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

Skin Type Score

37

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643789284. Chart completed on 04/17/2009 for treatment at the Upper West clinic.

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Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Microderm
Treatment Number: 8
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

04/17/2009

[Update Questionnaire ---->](#)

* 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.

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Treatment Record Questionnaire 2

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?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?*
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?* ☐ 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:



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Treatment Record Laser Settings

Client Information

Patient Name: Zufan Tsegai VI
DOB:
Center Name: upper west
Technician: (Employee ID) 822048

Microdermabrasion Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Microderm
Is Client Tan?: NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
12	2196643789284	04/17/2009	Face	1 - 11

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? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: Staff Signature:

04/17/2009

Update Chart

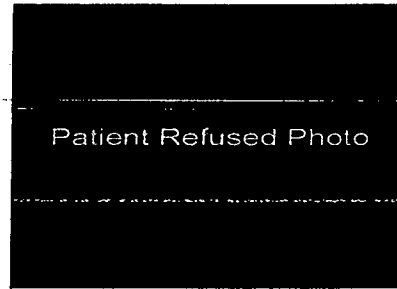
Zufan Tsegai VI (Patient ID 219664) Chart number 2196643789284. Chart completed on 04/17/2009 for treatment at the Upper West clinic.

Step 6/Photos:

Chart # 2196643789284 Photos

Zufan Tsegai VI

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2009-04-17 19:17:04.243

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643870887. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643871985. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

Action:

[Return To Client Charting]

Patient Chart ID 2196643871985 History

Chart ID #: 2196643871985

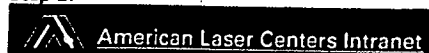
Date Created: 2009-05-04 17:41:10.56

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 Submitted	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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643871985. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

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Procedures

Select Procedure(s) for Chart:

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

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643871985. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

Step 2:

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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?

☐ Light Blue, Green

☐ Gray

☐ Blue

☐ Dark Brown

☒ Brown/Black

2. What is your natural hair color?

☐ Sandy Red

☐ Blonde

☐ Chestnut/Dark Blonde

☐ Dark Brown

☒ Black

3. What is the color of your skin?

☐ Reddish

☐ Very Pale

☐ Pale

☐ Light Brown

☒ Dark Brown

4. Do you have freckles?

☐ Many

☐ Several

☐ Few

☐ Incidental

☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

☐ Redness/Blistering/Peels

☐ Blistering/Peeling

☐ Burns Sometimes/Peels

☒ Rarely Burns

☐ Never Burns

2. To what degree does your skin turn brown?

☐ Hardy/Not At All

☐ Light Color Tan

☐ Medium Tan

☐ Tans Easily

☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

☐ Never

☐ Seldom

☐ Sometimes

☐ Often

☒ Always

4. How does your face react to the sun?

☒ Very Sensitive

☐ Sensitive

☐ Normal

☐ Very Resistant

☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

☒ More Than 3 Months

☐ 2 to 3 Months

☐ 1 to 2 Months

☐ Less Than 1 Month

☐ Less Than 2 Weeks

2. Was the treatment area exposed?

☐ Never

☐ 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

Skin Type Score 39

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643871985. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 5
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify: N/A
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify: N/A
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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?* ☐ 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
7. 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?* ☐ Yes ☒ No
If YES, please specify: N/A
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

05/04/2009

[Update Questionnaire ---->](#)

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643871985. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

* These Are Required Fields

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643871985. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

Step 5:



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Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name: ... west
Technician: (Employee ID) 822040

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Arms Under
Is Client Tan?: NO

Laser for Procedure

Laser Comet/Amerilase
Selected (NEW)

Laser Test Area

ID Test Area
219664399248 Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
7	2196643871985	05/04/2009	VI	F 8 T 8	F 10 T 12	Long	30	F 5 T 8	Comet/Amerilase (NEW)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
5	2196643871985	05/04/2009	VI	30	14	Long	15	1 - 7	Comet/Amerilase (NEW)

Notes

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☒ No
1a. Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
4a. AmeriPure sun block applied? ☐ Yes ☒ No
5. 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:

05/04/2009

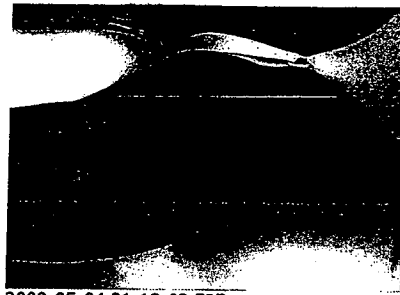
Update Chart

Zufan Tsegai VI (Patient ID 219664) Chart number 2196643871985. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

Step 6/Photos:
Chart # 2196643871985 Photos

Zufan Tsegai VI

[Close Window]



2009-05-04 21:13:02.527

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

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 Submitted	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

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

Step 1:[Announcements v](#)
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[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)

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[ALC Learning v](#)[Marketing v](#)[Call Center v](#)[Americure v](#)[Email](#)ALCPartner Scheduler Application 1
Welcome afrench: [Logout]

QUICK LINKS >>

[Click Here To Select v](#)[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)**Create Chart For Patient****Procedures****Select Procedure(s) for Chart:**

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

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

Step 2:


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[SiteMap](#)
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[Accounting v](#)
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Skin Type Assessment Form

[QUICK LINKS >>](#)
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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 ☐ Gray ☐ Blue ☐ Dark Brown ☒ Brown/Black

2. What is your natural hair color?

- ☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☒ Black

3. What is the color of your skin?

- ☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☒ Dark Brown

4. Do you have freckles?

- ☐ Many ☐ Several ☐ Few ☐ Incidental ☒ None

Reaction to Sun Exposure

1. If you where over exposed to the sun how would your skin react?

- ☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☒ Rarely Burns ☐ Never Burns

2. To what degree does your skin turn brown?

- ☐ Hardy/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☒ Turns Dark Brown Quickly

3. Do you turn brown within several hours after sun exposure?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☒ Always

4. How does your face react to the sun?

- ☒ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

- ☒ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☐ Less Than 2 Weeks

2. Was the treatment area exposed?

- ☐ Never ☐ 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

Skin Type Score

39

[Update Assessment](#)

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

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

Step 3:

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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 5
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

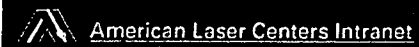
05/04/2009

[Update Questionnaire ---->](#)

* These Are Required Fields

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

Step 4:



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Treatment Record Questionnaire 2

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

* These Are Required Fields

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

Step 5:

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Treatment Record Laser Settings

Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name: Upper West
Technician: (Employee ID) 822040

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Bikini Brazilian
Is Client Tan?: NO

Laser for Procedure

Laser: Comet/Amerilase
Selected (NEW)

Laser Test Area

ID: 219664399273
Test Area: Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
7	2196643872001	05/04/2009	VI	F 8 T 8	F 10 T 12	Long	30	F 1 T 8	Comet/Amerilase (NEW)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
5	2196643872001	05/04/2009	VI	30	14	Long	10	1 - 7	Comet/Amerilase (NEW)

Notes

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☒ No
- 1a. Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☐ Yes ☒ No
5. 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:

05/04/2009

[Update Chart](#)

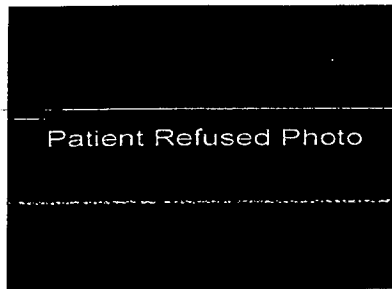
Zufan Tsegai VI (Patient ID 219664) Chart number 2196643872001. Chart completed on 05/04/2009 for treatment at the Upper West clinic.

Step 6/Photos:

Chart # 2196643872001 Photos

Zufan Tsegai VI

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2009-05-04 17:44:08.57

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644097791. Chart completed on 06/16/2009 for treatment at the Upper West clinic.

Action:

[\[Return To Client Charting\]](#)

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

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2009-06-16 20:06:49.6	Verified Hipaa/Consent Forms Signed	ALCNY53
2009-06-16 20:06:55.287	Step 1 Completed	ALCNY53
2009-06-16 20:06:55.3	Chart Created	ALCNY53
2009-06-16 20:07:07.367	Step 2 Completed	ALCNY53
2009-06-16 20:07:07.367	Skin Type Assessment Submitted	ALCNY53
2009-06-16 20:07:14.303	Step 3 Completed	ALCNY53
2009-06-16 20:07:14.333	Treatment Record Q1 Completed	ALCNY53
2009-06-16 20:07:32.88	Step 4 Completed	ALCNY53
2009-06-16 20:07:32.88	Treatment Record Q2 Completed	ALCNY53
2009-06-16 20:07:43.773	Step 5 Completed	ALCNY53
2009-06-16 20:07:43.773	Treatment Record Settings Completed	ALCNY53
2009-06-16 20:49:40.637	Step 5 Completed	ALCNY53
2009-06-16 20:49:40.637	Treatment Record Settings Completed	ALCNY53

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644097791. Chart completed on 06/16/2009 for treatment at the Upper West clinic.

Step 1:



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Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

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

Zufan Tsegal VI (Patient ID 219664) Chart number 2196644097791. Chart completed on 06/16/2009 for treatment at the Upper West clinic.

Step 2:


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Skin Type Assessment Form

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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?

- ☐ Light Blue, Green ☐ Gray ☐ Blue ☐ Dark Brown ☐ Brown/Black
☐ Sandy Red ☐ Blonde ☐ Chestnut/Dark Blonde ☐ Dark Brown ☐ Black

3. What is the color of your skin?

- ☐ Reddish ☐ Very Pale ☐ Pale ☐ Light Brown ☐ Dark Brown
☐ Many ☐ Several ☐ Few ☐ Incidental ☐ None

4. Do you have freckles?

Reaction to Sun Exposure

1. If you were over exposed to the sun how would your skin react?

- ☐ Redness/Blistering/Peels ☐ Blistering/Peeling ☐ Burns Sometimes/Peels ☐ Rarely Burns ☐ Never Burns
☐ Hardy/Not At All ☐ Light Color Tan ☐ Medium Tan ☐ Tans Easily ☐ Turns Dark Brown Quickly

2. To what degree does your skin turn brown?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☐ Always
☐ Very Sensitive ☐ Sensitive ☐ Normal ☐ Very Resistant ☐ No Problem

3. Do you turn brown within several hours after sun exposure?

4. How does your face react to the sun?

Tanning Habits

1. When was your last exposure to sun, lamps or cream?

- ☐ More Than 3 Months ☐ 2 to 3 Months ☐ 1 to 2 Months ☐ Less Than 1 Month ☐ Less Than 2 Weeks
☐ Never ☐ Hardly Ever ☐ Sometimes ☐ Often ☐ Always

2. Was the treatment area exposed?

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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score

37

[Update Assessment](#)

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644097791. Chart completed on 06/16/2009 for treatment at the Upper West clinic.

Step 3:



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- HR v
- ALC Learning v
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- Ameripure v
- Email

QUICK LINKS >> Click Here To Select v

1 - 2 - 3 - 4 - 5

Treatment Record Questionnaire 1

Patient Information	
Patient Name:	Zufan Tsegai VI
Treatment Area:	Microderm
Treatment Number:	9
Skin Type:	VI

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

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? * ☐ Yes ☒ No
If YES, please specify: N/A

2. Do you have a pacemaker or any internal metal device? * ☐ Yes ☒ No
If YES, please specify: N/A

3. Are you or do you think you may be pregnant? * ☐ Yes ☒ No

4. Have you ever had a cold sore in treatment area? * ☐ Yes ☒ 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? * ☐ 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

7. 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? * ☐ Yes ☒ No
If YES, please specify: N/A

10. Do you have vitiligo or a history of vitiligo? * ☐ Yes ☒ No

Date:	Signature:
06/16/2009	
<div>Update Questionnaire ----></div>	

* 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:



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Scheduler v
SiteMap

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Accounting v

HR v

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Marketing v

Call Center v

Ameripure v

Email

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Treatment Record Questionnaire 2

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?* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT? ☐ Yes ☒ No
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

Update Questionnaire 2 -->

* 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 5:

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Treatment Record Laser Settings

Client Information

Patient Name: Zufan Tsegai VI
DOB:
Center Name:
Technician: (Employee ID) 822039

Microdermabrasion Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Microderm
Is Client Tan?: NO

Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
13	2196644097791	06/16/2009	Face	1 - 30

Notes

tol tx well, no injury

Answer Questions 1-4

1. Post Treatment skin reaction?

pink

2. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No2a. AmeriPure sun block applied? ☒ Yes ☐ No3. Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

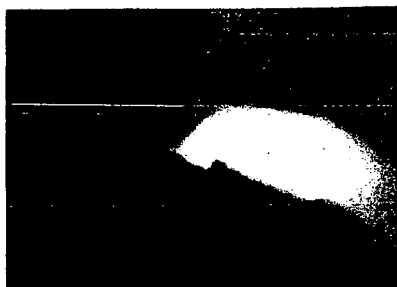
I verify that this form is complete and correct.

Date: Staff Signature:

06/16/2009

[Update Chart](#)

Zufan Tsegai VI (Patient ID 219664) Chart number 2196644097791. Chart completed on 06/16/2009 for treatment at the Upper West clinic.

Step 6/Photos:**Chart # 2196644097791 Photos****Zufan Tsegai VI**[\[Close Window\]](#)

2009-06-16 21:50:00.343



2009-06-16 21:50:03.593

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

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

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

Step 1:



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QUICK LINKS >>

[Click Here To Select v](#)[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)

Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

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

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

Step 2:


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Skin Type Assessment Form

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

Genetic Disposition				
1. What is the color of your eyes?				
<input type="radio"/> Light Blue, Green	<input type="radio"/> Gray	<input type="radio"/> Blue	<input type="radio"/> Dark Brown	<input checked="" type="radio"/> Brown/Black
2. What is your natural hair color?				
<input type="radio"/> Sandy Red	<input type="radio"/> Blonde	<input type="radio"/> Chestnut/Dark Blonde	<input type="radio"/> Dark Brown	<input checked="" type="radio"/> Black
3. What is the color of your skin?				
<input type="radio"/> Reddish	<input type="radio"/> Very Pale	<input type="radio"/> Pale	<input type="radio"/> Light Brown	<input checked="" type="radio"/> Dark Brown
4. Do you have freckles?				
<input type="radio"/> Many	<input type="radio"/> Several	<input type="radio"/> Few	<input type="radio"/> Incidental	<input checked="" type="radio"/> None
Reaction to Sun Exposure				
1. If you were over exposed to the sun how would your skin react?				
<input type="radio"/> Redness/Blistering/Peels	<input type="radio"/> Blistering/Peeling	<input type="radio"/> Burns Sometimes/Peels	<input checked="" type="radio"/> Rarely Burns	<input type="radio"/> Never Burns
2. To what degree does your skin turn brown?				
<input type="radio"/> Hardly/Not At All	<input type="radio"/> Light Color Tan	<input type="radio"/> Medium Tan	<input type="radio"/> Tans Easily	<input checked="" type="radio"/> Turns Dark Brown Quickly
3. Do you turn brown within several hours after sun exposure?				
<input type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input checked="" type="radio"/> Always
4. How does your face react to the sun?				
<input checked="" type="radio"/> Very Sensitive	<input type="radio"/> Sensitive	<input type="radio"/> Normal	<input type="radio"/> Very Resistant	<input type="radio"/> No Problem
Tanning Habits				
1. When was your last exposure to sun, lamps or cream?				
<input checked="" type="radio"/> More Than 3 Months	<input type="radio"/> 2 to 3 Months	<input type="radio"/> 1 to 2 Months	<input type="radio"/> Less Than 1 Month	<input type="radio"/> Less Than 2 Weeks
2. Was the treatment area exposed?				
<input type="radio"/> Never	<input checked="" type="radio"/> Hardly Ever	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> 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, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

Summary

Total Score

Skin Type Score

38

[Update Assessment](#)

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

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

Step 3:

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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 6
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date:

Signature:

06/23/2009

[Update Questionnaire ---->](#)

* 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 4:



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Treatment Record Questionnaire 2.

① - ② - ③ - ④ - ⑤

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Arms Under
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 2 --->](#)

* 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

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Treatment Record Laser Settings

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Client Information

Client Name: Zufan Tsegai VI
DOB:
Center Name: Upper West
Technician: (Employee ID) 822028

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Arms Under
Is Client Tan?: NO

Laser for Procedure

Laser: Comet/Amerilase
Selected (NEW)

Laser Test Area

ID: 219664399248
Test Area: Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
8	2196644129583	06/23/2009	VI	F 8 T 8	F 10 T 12	Long	30	F 5 T 8	Laser Comet/Amerilase (NEW)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
6	2196644129583	06/23/2009	VI	31	14	Long	10	1 - 15	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 - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. 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:

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]



2009-06-23 12:11:39.76

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:



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Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

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

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

Step 2:



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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?				
<input type="radio"/> Light Blue, Green	<input type="radio"/> Gray	<input type="radio"/> Blue	<input type="radio"/> Dark Brown	<input checked="" type="radio"/> Brown/Black
2. What is your natural hair color?				
<input type="radio"/> Sandy Red	<input type="radio"/> Blonde	<input type="radio"/> Chestnut/Dark Blonde	<input type="radio"/> Dark Brown	<input checked="" type="radio"/> Black
3. What is the color of your skin?				
<input type="radio"/> Reddish	<input type="radio"/> Very Pale	<input type="radio"/> Pale	<input type="radio"/> Light Brown	<input checked="" type="radio"/> Dark Brown
4. Do you have freckles?				
<input type="radio"/> Many	<input type="radio"/> Several	<input type="radio"/> Few	<input type="radio"/> Incidental	<input checked="" type="radio"/> None
Reaction to Sun Exposure				
1. If you where over exposed to the sun how would your skin react?				
<input type="radio"/> Redness/Blistering/Peels	<input type="radio"/> Blistering/Peeling	<input type="radio"/> Burns Sometimes/Peels	<input checked="" type="radio"/> Rarely Burns	<input type="radio"/> Never Burns
2. To what degree does your skin turn brown?				
<input type="radio"/> Hardy/Not At All	<input type="radio"/> Light Color Tan	<input type="radio"/> Medium Tan	<input type="radio"/> Tans Easily	<input checked="" type="radio"/> Turns Dark Brown Quickly
3. Do you turn brown within several hours after sun exposure?				
<input type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input checked="" type="radio"/> Always
4. How does your face react to the sun?				
<input checked="" type="radio"/> Very Sensitive	<input type="radio"/> Sensitive	<input type="radio"/> Normal	<input type="radio"/> Very Resistant	<input type="radio"/> No Problem
Tanning Habits				
1. When was your last exposure to sun, lamps or cream?				
<input checked="" type="radio"/> More Than 3 Months	<input type="radio"/> 2 to 3 Months	<input type="radio"/> 1 to 2 Months	<input type="radio"/> Less Than 1 Month	<input type="radio"/> Less Than 2 Weeks
2. Was the treatment area exposed?				
<input type="radio"/> Never	<input checked="" type="radio"/> Hardly Ever	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> 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 38

Update Assessment

Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V

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

Step 3:



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Treatment Record Questionnaire 1

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bilini Brazilian
Treatment Number: 6
Skin Type: VI

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

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?* ☐ Yes ☒ No
If YES, please specify:
2. Do you have a pacemaker or any internal metal device?* ☐ Yes ☒ No
If YES, please specify:
3. Are you or do you think you may be pregnant?* ☐ Yes ☒ No
4. Have you ever had a cold sore in treatment area?* ☐ Yes ☒ 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:
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?*
7. Are you on Accutane?* ☐ Yes ☒ No
8. Have you had any hormonal changes including menopause?* ☐ Yes ☒ No
If YES, please specify:
9. Are you on chemo or radiation therapy?* ☐ Yes ☒ No
If YES, please specify:
10. Do you have vitiligo or a history of vitiligo?* ☐ Yes ☒ No

Date: Signature:

06/23/2009

Update Questionnaire -->

* 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.

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Treatment Record Questionnaire 2

① - ② - ③ - ④ - ⑤

Patient Information

Patient Name: Zufan Tsegai VI
Treatment Area: Bikini Brazilian
Treatment Number: 1
Skin Type: VI

Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?* ☐ Yes ☒ No
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?*
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?* ☐ Yes ☒ No

[Update Questionnaire 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:



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Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

Client Information

Client Name: Zufan Tsegai VI
DOB: :
Center Name: Upper west
Technician: (Employee ID) 822028

Laser Hair Removal Chart

Skin Type: VI
Hair Color: Black
Treatment Area: Bikini Brazilian
Is Client Tan?: NO

Laser for Procedure

Laser Comet/Amerilase
Selected (NEW)

Laser Test Area

ID Test Area
219664399273 Face - Left forehead or behind ears

Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
8	2196644129606	06/23/2009	VI	F 8 T 8	F 10 T 12	Long	30	F 1 T 8	Comet/Amerilase (NEW)

Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
6	2196644129606	06/23/2009	VI	30	14	Long	10	1 - 15	Comet/Amerilase (NEW)

Notes

Lower and inner area: 16(RF) / 20(OF)

Answer Questions 1-5

1. Was client double passed? ☐ Yes ☒ No
1a. Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction?
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. 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:

06/23/2009

Update Chart

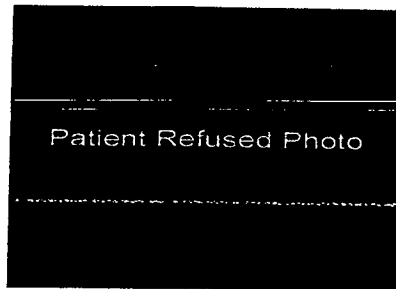
Zufan Tsegai VI (Patient ID 219664) Chart number 2196644129606. Chart completed on 06/23/2009 for treatment at the Upper West clinic.

Step 6/Photos:

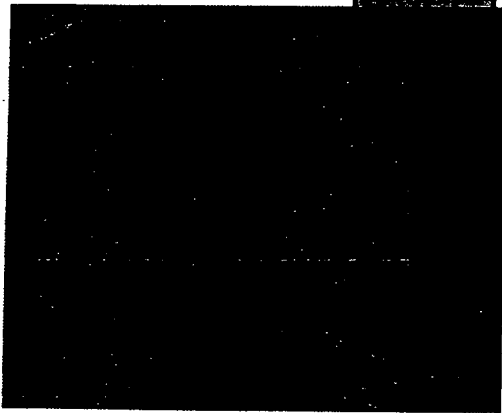
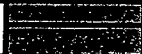
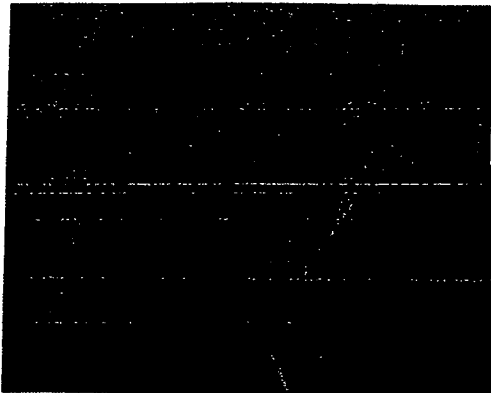
Chart # 2196644129606 Photos

Zufan Tsegai VI

[Close Window]



2009-06-23 12:13:55.08



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 8, 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.



PAULETTE MASTANDREA

Sworn to before me this
8 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, 1999

2013

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