B 10 (Official Form 10) (12/11)

United States Bankruptcy	COURT District of Dela	nware	PROOF OF CLAIM
Name of Debtor: ALC HOLDINGS LLC Attn: American Laser Farmington Hil	_	Case Number:	
may file a request for pay	claim for an administrative expense that ar yment of an administrative expense according	ng to 11 U.S.C. § 503.	
Myra Terrell in care of Christian	ntity to whom the debtor owes money or pron, Ashin & Brown, P.C.	рету):	COURT USE ONLY
Name and address where notices should 7305 Baltimore Avenue, Suite# College Park, Maryland 20740	# 305		☐ Check this box if this claim amends a previously filed claim. Court Claim Number:
Telephone number: (301) 277-9171 Name and address where payment should		.com RECEIVED	(If known) Filed on:
realite and address where payment should	a de sem (n' anterem nom adove).	'AUG 2 0 2012	☐ 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.
Telephone number:	email:	BMC GROUP	
1. Amount of Claim as of Date Case F	-	30,000.00	
If all or part of the claim is secured, com			
If all or part of the claim is entitled to pri	•		
2 Rasis for Claim: Debtor ass	nterest or other charges in addition to the price serts claim for injuries eatments resulting in	s suffered when Debt	statement that itemizes interest or charges. cor negligently provided
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account	nt as: 3b. Uniform Claim Identifi	er (optional):
N / A	N/A (See instruction #3a)	(See instruction #3b)	
	s secured by a lien on property or a right of its, and provide the requested information.	Amount of arrearage and o included in secured claim,	other charges, as of the time case was filed, if any: \$
Nature of property or right of setoff: Describe:	□Real Estate □Motor Vehicle □Other	Basis for perfection:	
Value of Property: \$	_	Amount of Secured Claim:	s
Annual Interest Rate% ☐Fixe (when case was filed)	ed or □Variable	Amount Unsecured:	\$
5. Amount of Claim Entitled to Priori the priority and state the amount.	ity under 11 U.S.C. § 507 (a). If any part	of the claim falls into one of the folk	owing categories, check the box specifying
☐ Domestic support obligations under 1 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	Wages, salaries, or commissions (earned within 180 days before the cas debtor's business ceased, whichever in 11 U.S.C. § 507 (a)(4).	se was filed or the employee bene	efit plan –
Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or househouse – 11 U.S.C. § 507 (a)(7).	☐ Taxes or penalties owed to govern 11 U.S.C. § 507 (a)(8).	mental units – ☐ Other – Spe applicable para 11 U.S.C. § 50	agraph of ALC Holdings
*Amounts are subject to adjustment on 4	1/1/13 and every 3 years thereafter with resp	pect to cases commenced on or after th	•
6. Credits. The amount of all navments	s on this claim has been credited for the pur	pose of making this proof of claim (Si	ee instruction #6)

Attorney for Myra Terrell Christian, Ashin & Brown, P.C. Company: Address and telephone number (if different from notice address above):

7305 Baltimore Ave..# 305 College Park, Maryland 20740

Telephone number: (301) 277-9171 email: Brian@dcmetroiniurvlaw.com

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

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

Creditor's Name and Address:

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.

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 lieu.

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

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.

DISTRICT COURT OF MARYLA	ND FOR Mo	ntgomery County
LOCATED AT (COURT ADDRESS)		COMPLAINT ☐ \$5,000 or under ☐ over \$5,000 ☒ over \$10,000
191 E. Jefferson Street Rockville, Maryland 20850		Clerk: Please docket this case in an action of contract tort replevin detinue bad faith insurance claim
CASE NO.		The particulars of this case are:
)	See Attached Documents.
CV	J	
PARTIES		The second secon
Plaintiff		
Myra Terrell		##
13805 Pintail Court Upper Marlboro, Maryland 20774	i	25 S 52
Opper Mariooro, Maryland 2017		
()	2 - S - S - S - S - S - S - S - S - S -
		The Ca
VS. Defendant(s):	Serve by:	[1] 2
1. American Laser Skincare, LLC	☐ Certified	PISTRICE COLL ROCK VILLE
Serve: Office of Gen. Counsel, Rythm Manani	Mail ☑ Private	
24555 Hallwood Court	Process Constable	7.51 2.00 2.00
Farmington Hills, Michigan 48335	☐ Sheriff	
2.	Serve by: ☐ Certified	
	Mail □ Private	
	Process	
	☐ Constable☐ Sheriff	
3.	Serve by:	(See Continuation Sheet)
	☐ Certified Mail	⊠ Legal ☐ Contractual%
	☐ Private Process	The Plaintiff claims:
	☐ Constable ☐ Sheriff	▼ \$ 30,000.00 plus interest of \$ and
4.	Serve by:	attorney's fees of \$ plus court costs.
1	☐ Certified Mail	Return of the property and damages of \$ for its detention in an action of replevin.
	Private Process	Return of the property, or its value, plus damages of
(Constable Sheriff	\$ for its detention in action of detinue.
	- Sileini	Other: and demands judgment for relief.
ATTORNEYS For Plaintiff - Name, Address, Telephone Number & Code		
Brian M. Timian, Esq.		Signature of Plaintiff Attorney/Attorney Code Signer's Address: 7305 Baltimore Avenue, Suite# 305
7305 Baltimore Avenue, Suite# 305		College Park, Maryland 20740
College Park, Maryland 20740		Signer's Telephone Number: 301-277-9171
		Signer's Facsimile Number, if any: 301-699-1068
N	III ITARY SERI	Signer's E-mail Address, if any:
☐ Defendant(s)	ILITARY OLK	is/are in the military service.
☐ No Defendant is in the military service. The facts s	supporting this st	atement are:
Specific facts must be given to	or the Court to conclude that	each Defendant who is a natural person is not in the military.
Till am mobile to determine whether or not any Defen	dont is in militar	y comico
Thereby declare or affirm under the penalties of perjubest of my knowledge, information, and belief.	ry that the facts a	and matters set forth in the aforegoing Affidavit are true and correct to the
Date		Signature of Affiant
APPLICATION A	AND AFFIDAV ontain sufficient o	ITIN SUPPORT OF JUDG MENT detail as to liability and damage to apprise the Defendant clearly of the ned. which claim is based Itemized statement of account Interest workshee
claim against the Defendant, including the amount of	any interest clair	ned. high claim is based Ditemized statement of account Dinterest workshee
Vouchers Check Other written document		Of the Plaintiff herein and am competent to testify to
I HEREBY CERTIFY: That I am the UPlaintiff the matters stated in this complaint, which are made of	n my personal ki	of the Plaintiff herein and am competent to testify to nowledge; that there is justly due and owing by the Defendant to the
		owledge that the contents of the above Complaint are true and I am
Date		Signature of Affiant
i)gte		Digitalia of Arran

NOTICE TO DEFENDANT BEFORE TRIAL

If you agree that you owe the amount claimed, it may not be necessary for you to come to Court. Contact the Plaintiff if you wish to make payment. If you are appearing in court on the trial date, bring letters, receipts, and contracts which may help you. If you need a witness, contact the Clerk's office about a summons to the witness.

NOTICE IF JUDGMENT IS ENTERED

If the Court awards judgment in this case to the Plaintiff, you as the Judgment Debtor, may do several things before submitting payment to satisfy the judgment. One is to appeal the decision to the circuit court sitting in that District. This is what's involved in an APPEAL of a District Court judgment—

1.30 DAYS—You would have 30 days from the day of an adverse judgment within which to note your appeal at the District Court and there pay the higher court's filing fee. If you qualify as indigent, you may at that time petition the District Court to waive the collection

of this fee.

2. TRANSCRIPT COSTS—If the amount which you were sued was \$5,000 or less (not counting interest or attorney's fees), the circuit court would hear your appeal as an entirely new case from start to finish. Therefore, no transcripts from the District Court trial would be necessary. If, however, this amount should exceed \$5,000, the higher court would hear your appeal on the record of what transpired in the District Court. That appeal requires a transcript of the District Court trial record. For information and costs to obtain a transcript refer to the Transcripts and Recordings brochure DCA 27 available at the clerk's office.

Another option after an adverse judgment is to file a MOTION FOR A NEW TRIAL.

1. 10 DAYS—You have 10 days from day of judgment to do this.

2. GRANT/DENY—If the Court grants your motion, you will receive a summons to a new trial.

The last options are to file MOTIONS to change the JUDGMENT.

1. 10 DAYS for ALTERING or AMENDING the judgment.

2. 30 DAYS for REVISING the judgment.

If you would not want to move on any of these options, then you should make all possible arrangements with the Plaintiff or the Plaintiff's attorney to pay the judgment amount. Should you not do this, the Plaintiff could request the Court's enforcement powers. These enforcement procedures include—

1. INTERROGATORIES—This is an attempt to locate any assets you may have. This requires written answers.

2. ORAL EXAMINATION—Another attempt to locate any assets you may have. This requires your appearing in court to answer questions. The Court backs up these plaintiff attempts at discovery by bringing its contempt powers to bear on an unresponsive defendant. More stringent enforcements you should know about include—

3. WRIT OF EXECUTION—Such a writ could order the levying or seizure and sale of any of your goods. And you, in such a circumstance, would bear the expenses of the seizure (e.g. towing, moving, storage fees, auctioneer's fees, advertising costs). Some of your goods are, by their nature, exempt from such action—

(a) Wearing apparel, books, tools, instruments, or appliances necessary for the practice of any trade or profession, except those kept for

sale, lease, or barter, in an amount not to exceed \$5,000 in value.

(b) Money payable in the event of sickness, accident, injury, or death of any person, including compensation for loss of future earnings. This exemption includes but is not limited to money payable on account of judgments, arbitrations, compromises, insurance benefits, compensation and relief. Disability income benefits are not exempt if the judgment is for necessities contracted for after the disability occurred.

(c) Professionally prescribed health aids for you or any of your dependents.

- (d) Your interest, not to exceed \$1,000 in value, in household furnishings, household goods, wearing apparel, appliances, books, animals kept as pets, and other items that are held primarily for personal, family or household use by you or your dependents.
- (e) Cash or property of any kind equivalent in value to \$6,000, if within 30 days from the date of the attachment or levy you elect to exempt cash or selected items of property in an amount not to exceed a cumulative value of \$6,000.

(f) Money payable or paid in accordance with an agreement or court order for child support.

- (g) Money payable or paid in accordance with an agreement or court order for alimony to the same extent that wages are exempt from attachment under § 15-601.1(b)(1)(ii) or (2)(i) of the Commercial Law Article.
- (h) The debtor's beneficial interest in any trust property that is immune from the claims of the debtor's creditors under § 14-113 of the Estates and Trusts Article.
- (i) With respect to claims by a separate creditor of a husband or wife, trust property that is immune from the claims of the separate creditors of the husband or wife under § 14-113 of the Estates and Trusts Article.
- 4. GARNISHMENT OF PROPERTY—Such a writ, attaching certain assets of yours in the hands of someone else, would order that other party (e.g. bank holding your account, agent) to hold the asset subject to further court proceedings.
- 5. GARNISHMENT OF WAGES—Such a writ would order your employer to begin withholding from your wages the amount left over after deducting what is lawfully required and after exempting money that may not be garnished.
 - Exemptions from garnishment—
 (1) the greater of: (a) 75 percent of the disposable wages due; OR (b) 30 times the federal minimum hourly wages under the Fair Labor Standards Act in effect at the time the wages are due; AND (2) any medical insurance payment deducted from an employee's wages by the employer. Other federal exemptions may be available. Disposable wages means the part of wages that remain after deduction of any amount required to be withheld by law. Finally, should you become the Judgment Debtor you should know that judgment is public information and anyone may request a copy of it.

To Plaintiff: If the Court enters a judgment for a sum certain, you have a right to obtain a lien on real property.

IN THE DISTRICT COURT OF MARYLAND FOR MONTGOMERY COUNTY

MYRA TERRELL

13805 Pintail Court Upper Marlboro, MD 20774

Plaintiff

VS.

* Case Number:

AMERICAN LASER SKIN CARE, LLC *

SERVE: Office of General Counsel,

Rhythm Manani

24555 Hallwood Court

Farmington Hills, Michigan 48335

Defendant

COMPLAINT

COMES NOW, the Plaintiff, Myra Terrell, by and through her attorneys, Christian, Ashin and Brown, P.C., and Brian M. Timian and brings suit against the Defendant, American Laser Center, LLC and as grounds therefore states as follows:

COUNT I- NEGLIGENT

- 1. That on or about April 20, 2011, Plaintiff, Myra Terrell was a patient at Defendant's laser facility. Ms. Terrell was undergoing a series of microderm laser treatments, when an employee of Defendant by the name of Perpetua Johnson, negligently applied the laser treatments on the Plaintiff. Defendant's employee was negligent in that she failed to use the correct settings in that she confused the Plaintiff's chart with another patient and applied settings in excess of which that was prescribed by the Defendant for Plaintiff's treatment.
 - 2. As a result of Defendant's employee's negligence, Plaintiff suffered a

CHRISTIAN, ASHIN
& BROWN, P.C.
7305 BALTIMORE AVENUE
SUITE 305
LLEGE PARK, MARYLAND 20740

first degree burn on her face with blisters, causing a permanent scar. Defendant's employee was otherwise negligent in failing to use reasonable care that the proper laser settings were applied to the Plaintiff and as a direct and proximate result of Defendant's employee's negligence, Plaintiff has incurred in the past and will incur in the future, medical expenses, has suffered a permanent scar to her face, suffered a first degree burn with blisters on her face that required medical treatment through Kaiser Permanente and also caused the Plaintiff to lose prepayments for continued laser treatments to her face and has suffered pain and anguish all due to the negligence of the Defendant in th sum of \$30,000.00 (thirty thousand do!lars).

WHEREFORE, Plaintiff, Myra Terrell, prays that this Honorable Court enter judgment against the Defendant, American Laser Skincare, L LC, in the sum of \$30,000.00 (thirty thousand dollars) plus the cost of filing this suit and interest.

CHRISTIAN, ASHIN & DROWN, P.C.

Brian M. Timian, Esquire #7062

Attorney for Plaintiff

7305 Baltimore Ave., Suite 305

College Park, MD 20740

(301)277-9171

Btimian1@gmail.com

IN THE DISTRICT COURT OF MARYLAND FOR MONTGOMERY COUNTY

4. 4:

MYRA TERRELL

13805 Pintail Court

Upper Marlboro, MD 20774

*

Plaintiff

VS.

* Case Number:

AMERICAN LASER SKIN CARE, LLC *

SERVE: Office of General Counsel,

Rhythm Manani

24555 Hallwood Court

Farmington Hills, Michigan 48335

:

Defendant

10-104 NOTICE OF INTENT TO RELY UPON MEDICAL RECORDS

NOTICE BY PLAINTIFF TO INTRODUCE MEDICAL RECORDS AND BILLS PURSUANT TO COURTS AND JUDICIAL PROCEEDINGS, SECTION 10-104

The Plaintiff, Myra Terrell, by and through counsel, Christian, Ashin & Brown, PC, and Brian M. Timian, files this Notice of Intention to Introduce Medical Records and Bills, and states as follows:

- 1. That he is the Plaintiff in this action regarding injuries sustained in an automobile accident which occurred on April 20, 2011
- 2. That pursuant to the Annotated Code of Maryland, Courts and Judicial Proceedings Article, Section 10-104, he intends to introduce, at Trial in this matter, without testimony from a physician, the following:

MEDICAL REPORTS:

- 1. Kaiser Permanente 4/21/11 5/19/11
- 2. American Laser Center

MEDICAL BILLS:

- 1. Kaiser Permanente -
- 2. American Laser Center-

Copies of the above-referenced bills and reports have been sent, with a copy of this Notice to the Defendant.

WHEREFORE, the Plaintiff prays:

1. That this Court admit into evidence all bills and reports, as listed on this Notice.

CHRISTIAN, ASHIN & BROWN, P.C.

Brian M. Timian, Esquire #7062

Attorney for Plaintiff

7305 Baltimore Ave., Suite 305

College Park, MD 20740

(301)277-9171

Brimian1@gmail.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing 10-104 notice with attachments were served upon the Defendant, American Laser Skincare, LLC in the same manner as the Summons and Complaint in this matter.

CHRISTIAN, ASHIN & BROWN, P.C.

Brian M. Timian, Esquire #7062

Attorney for Plaintiff

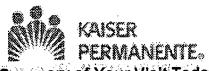
7305 Baltimore Ave., Suite 305

College Park, MD 20740

(301)277-9171

Btimian 1@gmail.com

CHRISTIAN, ASHIN
& BROWN, P.C.
7305 BALTIMORE AVENUE
SUITE 305
LLEGE PARK, MARYLAND 20740
---(301) 277-9171



Summary of Your Visit Today

Myra Jo Terrell 5/19/2011 Office Visit Description: **52 year old female**Provider: G E ALVAREZ DEL MANZANO MD

Department: Dermatology Largo

Visit Summary

Today's Visit Diagnoses:

HYPERPIGMENTATION (DARKENING) SKIN, AFTER INFLAMMATION - Primary DECLINES MAMMOGRAM SCREENING BURN OF FACE

Your Vitals Signs - Last Recorded

Blood Pressure

135 89

Follow-Up and Patient Instructions

Schedule Return Appointment

Return if symptoms worsen or fall to improve.

Routing History Recorded

Patient Instructions

Orders Placed This Encounter

- Hydroquinone-sunscreen 4-15 %-spf top cream Apply twice a day ONLY in the dark spot
- Hydrocortisone 2.5 % top cream Apply twice a day ONLY in the dark spot
- Tretinoin (retin-a) 0.025 % top cream Apply at bedtime ONLY in the dark spot

In the morning only mix the first two and apply to dark spot

At night time you will mix the 3 together and apply to dark spot

Use daily sun screen SPF 30 or higher

Your blood pressure today is above goal. Your blood pressure goal is 139/89 or lower.

Terrell, Myra Jo (MR # 921086189) Printed at 5/19/11 9:32 AM

Page 1 of 3

Follow-Up and Patient Instructions (continued)

Patient Instructions (continued)

We have notified your primary care provider (PCP) about the reading.

Uncontrolled blood pressure increases your risk for other medical problems including heart attack, stroke, and kidney or eye damage. Often uncontrolled blood pressure does not show symptoms. Monitor your blood pressure at home to make sure it stays under control. Take medications as directed and limit salt intake to keep your blood pressure under control.

The last BP readings we have documented for you are:

BP Readings from Last 3 Encounters:

05/19/2011 1

134/95

04/21/2011

128/84

11/26/2010

126/74

From ages 40-69, get a mammogram every one to two years. Please either:

- 1. Schedule one before leaving the office today, or
- 2. Call the Appointment Line Monday through Friday, 8:30 a.m. to 5 p.m. at (703) 359-7878 or 1-800-777-7904, TTY: (703) 359-7616 or 1-800-700-4901.

Medications and Orders

Medications Started This Visit

Hydroquinone-Sunscreen 4-15 %-SPF Top Crea Hydrocortisone 2.5 % Top Crea tretinoin (RETIN-A) 0.025 % Top Crea

Arm yourself against the flu. Get a flu shot.

Learn today about how you can get your flu shot and other ways to help keep you and your family healthy this flu season. Visit kp.org/flu/mas or call 1-800-482-4738 anytime.

If You Are Filling Prescriptions Today

For Kaiser Pharmacy Prescriptions: Please make sure that you check-in at the Pharmacy where you wish to pick-up your prescriptions in order to have them filled.

For Mail-Order Prescriptions: If you requested to have your prescriptions routed to the mail-order pharmacy, please make sure to call 703-709-1810 or 800-733-6345 (option 2) to have your prescriptions sent to your home. Credit card numbers are not kept on file from previous orders by the mail order pharmacy.

Future Appointments

Date & Time Provider Department Center Visit Type
5/25/2011 8:00 AM Mammography Room 1- Radiology Largo LARGO MAMMOGRAM
Largo SCREENING

Are you signed up for KP.org yet?

You can use our secure web site, www.KP.org, to see lab results, send messages to your doctor and get responses, schedule appointments with your Primary Care Doctor (or your child's doctor), your OB Gyn, or Terrell, Myra Jo (MR # 921086189) Printed at 5/19/11 9:32

Page 2 of 3

AM

Medications and Orders (continued)

Are you signed up for KP.org yet? (continued)

re you signed up for KP.org yet? (continued)

Vision Services (Optometry), view and refill your medications, view and print your child's allergies and immunizations, and more on behalf of yourself and your family members. Go to www.KP.org/register and sign up today for yourself (and children under age 13).



W(2) medications

Kaiser Permanente Largo Pharmacy 1221 Mercantile Lane Largo MD 20774 301 618 5552 016 816 039 1250 0032548

Rx# 0160657580 1

\$5.00 N RX

Rx# 0160657581 1

\$5.00 N RX

SUBTOTAL

\$10.00

TOTAL

\$10.00

CASH

\$10.00

Thu May 19 09:44:41 2011

: Qualified Healthcare Products (QHP) QHP Total : \$10:00

11051909441800390000032548

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088

If you have paid for your prescription in full, and you believe Health Plan is responsible for the cost (less any cost share) of such prescription and/or you want review under the Health Plan's non-formulary exceptions process, you may contact Member Services at 1-877-218-7750.



Mid-Atlantic Permanente Medical group, P.C. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 2101 East Jefferson Street Rockville, MD 20852

Myra Jo Terrell 921086189 4/21/2011

OPL Referral Form Verification of Treatment

The patient received treatment for this disability/illness on 04/21/11.

PHYSICAL FINDINGS: Office visit

This disability/illness has kept the patient from work since 04/21/11.

Provider Signature: Completed by: CIELITO M AGUINALDO MD, April 21, 2011, 8:37

AM ·

I hereby certify that I have reviewed, understand and agree to the information above, and I authorize the release of this information to my employer or any other person or

entity that may be responsible for payment of services rendered.

Patient Signature

INTERNAL MED LARGO 1221 Mercantile Lane Largo MD 20774

Phone: 301-618-5500



Summary of Your Visit Today

Myra Jo Terrell 4/21/2011 Office Visit Description: 52 year old female

Provider: CIELITO M AGUINALDO MD Department: Internal Med Largo

Visit Summary

Today's Visit Diagnoses:

BURN OF FACE OR HEAD, FIRST DEGREE

- Primary

SCREENING FOR CANCER OF THE BREAST

Your Vitals Signs - Last Recorded

Blood Pressure

Temperature (Src)

Weight

7. A. S. S.

140/90

97.4 °F (36.3 °C) (Oral)

Follow-Up and Patient Instructions

Patient Instructions

ASSESSMENT & PLAN:

BURN OF FACE OR HEAD, FIRST DEGREE (primary encounter diagnosis)

Note: keep area dry as discussed

Plan: SSD 1 % TOP CREA

SCREENING FOR CA, BREAST

Plan: XR MAMMOGRAPHY SCREENING BILATERAL, 2 VIEWS

EACH BREAST

Adverse effects of all medications discussed , pt verbalized understanding Follow up as needed

Follow-up care is a key part of your treatment. Be sure to keep any suggested appointments and go to all scheduled visits. Watch for signs that you are not getting better as expected, and call (301) 618-5800 or return to clinic as needed if these symptoms worsen or fail to improve as anticipated.

Please call 703-359-7878 to reach our office or IF YOU NEED URGENT MEDICAL ADVICE OR MEDICAL APPOINTMENT BUT UNABLE TO REACH YOUR DOCTOR.

If you have any further question regarding your visit, please feel free to contact our office at 301-618-5800, Monday-Friday 8:30-5:00pm.

Kaiser Permanente is now offering a secure messaging feature on kp.org called Email Your Doctor. This lets you exchange secure and confidential messages (email) with me. Additionally on this website you can see portions of your health record including most lab results. You will also be able to make routine appointments. If you are interested in accessing these new features, you should register first at www.kp.org.

Please e-mail me through kp.org in advance of your visit to give me a heads up on any health issue/s you are having.

- We like you to learn more about **HEALTHY LIVING** and **your HEALTH**. Your doctor recommend a **PERSONAL HEALTH COACH**. The program is **FREE** and is available 24 x 7 x 365 by phone or Internet. Please call this number today 1-800-574-8460 or visit the website at www.kp.org/healthysolutions.com

Follow-Up and Patient Instructions (continued)

Patient Instructions (continued)

- We like you to LIVE WELL. Take charge of your HEALTH. The program is FREE. Please call 301-265-8997 to find out the dates and times of a class starting near you.

Keep a written list of all the medications or bring all the medications you are taking and show it to me at the beginning of every visit.

To refill prescriptions (even if the bottle says zero refills), please call the pharmacy directly. For fastest service, use the EZ refill line 1-800-700-1479.

Thank you for choosing to visit Kaiser Largo Internal Medicine today. We are privileged to have you in our practice!

Medications and Orders

Medications Started This Visit

Silver sulfADIAZINE (SSD) 1 % Top Crea

Orders Placed This Visit

XR MAMMOGRAPHY SCREENING BILATERAL, 2 VIEWS EACH BREAST [77057 CPT(R)]

Process Instructions:

Process Instructions:

- 1. Arrive 15 minutes prior to your scheduled appointment time.
- 2. Bring any previous mammogram films performed outside of Kaiser Permanente with you to our appointment. Companion with previous films allows for a more thorough evaluation of your exam and may eliminate the need for additional imaging.
- 3. Contact your previous mammography facility as soon as possible to allow adequate time to retrieve your mammograms.
- 4. Please allow 30 to 60 minutes for your appointment.

Mammography Prep Instructions:

These general prep instructions apply to the following breast exams:

- >>Routine Screening Mammogram
- >>Diagnostic Mammogram

Terrell, Myra Jo (MR # 921086189) Printed at 4/21/11 8:36 AM

Medications and Orders (continued)

Orders Placed This Visit (continued)

- >>Mammography Needle Localization
- >>Ductogram
- 1. Do not use lotions, sprays, deodorants or powders around the breast or under arms on the day of the appointment. These products often cause spots on the films that may result in an incorrect diagnosis.
- 2. This exam involves compression of the breast which is necessary to ensure the highest quality images and the least amount of radiation exposure. The technologist will walk you through the procedure and complete the exam as quickly as possible.

For more specific instructions or questions please call the Radiology Department where your exam is scheduled. Scheduling instructions:

If your Mammogram has not yet been scheduled, please call one of the following numbers (located on the back of your card) to schedule your appointment.

If your appointment has already been scheduled & you need to cancel or reschedule, please call one of the following numbers (located on the back of your card).

Radiology Scheduling/Rescheduling phone numbers

- a. Washington Metro Area (703) 359-7878 TDD (703) 359-7616
- b. Outside Washington Metro Area (800) 777-7904 TDD (800) 700-4901

You have been referred for your mammogram to the following location:

Largo Medical Office Building 1221 Mercantile Lane Largo, MD 20774

Direction Line: 301 618-5508

Arm yourself against the flu. Get a flu shot.

Learn today about how you can get your flu shot and other ways to help keep you and your family healthy this flu season. Visit kp.org/flu/mas or call 1-800-482-4738 anytime.

If You Are Filling Prescriptions Today

For Kaiser Pharmacy Prescriptions: Please make sure that you check-in at the Pharmacy where you wish to pick-up your prescriptions in order to have them filled.

For Mail-Order Prescriptions: If you requested to have your prescriptions routed to the mail-order pharmacy, please make sure to call 703-709-1810 or 800-733-6345 (option 2) to have your prescriptions sent to your home. Credit card numbers are not kept on file from previous orders by the mail order pharmacy.

Future Appointments

drate Appointments					_
Date & Time	Provider	Department	Center	Visit Type	
5/25/2011 8:00 AM	Mammography Room 1-		LARGO	MAMMOGRAM	
	Largo			SCREENING	

Are you signed up for KP.org yet?

Medications and Orders (continued)

Are you signed up for KP.org yet? (continued)

You can use our secure web site, www.KP.org, to see lab results, send messages to your doctor and get responses, schedule appointments with your Primary Care Doctor (or your child's doctor), your OB Gyn, or Vision Services (Optometry), view and refill your medications, view and print your child's allergies and immunizations, and more on behalf of yourself and your family members. Go to www.KP.org/register and sign up today for yourself (and children under age 13).



KP LARGO PHARMACY 1221 Mercantile Lane Layo, MD 20774 (301) 618-5552

RX#: 160639825

REFILLS LEFT: 0

FOR: TERRELL, MYRA JO

DATE: 04/21/11

PROVIDER: AGUINALDO, CIELITO M

DRUG: SILVER SULFADIAZINE 1% CRM 50GM (PAR -0600)

DIRECTIONS: APPLY TO AFFECTED AREA SPARINGLY TWICE DAILY

SSD CRE 1% GENERIC NAME: SILVER SULFADIAZINE (SILL-ver

sul-fa-DYE-a-zeen)

IDENTIFICATION: This medicine is a WHITE, CREAM...

COMMON USES: This medicine is used to prevent or treat skin infections in patients with serious burns. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. Wash your hands thoroughly before and after application of this medicine. Use a sterile gloved hand to apply this medicine to a thickness of approximately 1/16 inch on all affected areas. Whenever necessary, reapply the cream to keep the affected areas covered at all times. STORE THIS MEDICINE as directed on the package. Some brands of this medicine have specific instructions for discarding the product after opening. Check with your pharmacist or on the package labeling to see if this applies to your brand. TO PREVENT OR TO CLEAR UP YOUR INFECTION COMPLETELY, continue using this medicine for the full course of treatment even if your condition improves in a few days. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule.

CAUTIONS: IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to this medicine or any other sulfonamide medicine (such as Septra DS, Bactrim DS, Gantrisin,

glyburide, or probenecid), contact your doctor or pharmacist before using this medicine. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine or if a certain medicine is a sulfonamide, contact your doctor or pharmacist. If you are NOT allergic to this medicine, DO NOT STOP USING THIS MEDICINE without first checking with your doctor. IF YOUR SYMPTOMS DO NOT IMPROVE or if they become worse, check with your doctor. FOR WOMEN: IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk, DO

NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include a burning sensation upon application, rash, or itching. If they continue or are bothersome, check with your doctor. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. This medicine may be harmful if swallowed.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

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The information in this monograph is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects. This information is generalized and is not intended as specific raction device. If you have questions about the medicines you are taking or would like more information, check with your doctor, pharmacist or nurse.

For external use only

Notice of Privacy Practices

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

This Notice of Privacy Practices describes how we may use and disclose your protected health/personal information (PHI) to carryout out treatment, payment or healthcare 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.

<u>Treatment</u>: 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.

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

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 U.S. Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Standards for Privacy of Individually Identifiable Health Information set forth at 45 C.F.R. parts 160 and 164.

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

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

Patient initials

1. Your Rights

Following is a statement of your rights with respect to your protected health/personal information.

You have the right to inspect and copy your protected health/personal information. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health/personal information that is subject to law that prohibits access to protected health/personal information.

You have the right to require a restriction of your protected health/personal information. This means you may ask us not to use or disclose any part of your protected health/personal information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health/personal information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If our medical director believes it is in your best interest to permit use and disclosure of your protected health/personal information, your protected health/personal information will not be restricted. You then have the right to use another service provider.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

You may have the right to amend your protected health/personal information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to our statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health/ personal information.

We reserve the right to change the terms of this notice and make the new notice provisions effective for all protected health information we maintain. We will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003.

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. We are also required by law to abide by the terms of the notice currently in effect. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number, (248) 426-8250.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices: ____ Date:__12/29/11

MA Terrell Signature: My TONILL



Laser Hair Removal | Skin Rejuvenation | Calialite Reduction | Body Contouring

TREATMENT AND FINANCIAL AGREEMENT

Client Name: Myra Terra	<u>ul</u>	Date	e: <u>2 11 </u>	2011	
Service Peel 4 Royeal Package	# of Treatments	Treatment Area	Price	Discount	Final
Microdivmabrasion	7	Full Face	117558	Promo	
Chemical Peof	7	Full Face	117558	! {	\$700
Vivite Core System	1		250°°	Promo	/
micinder mabrasion	1	Free From Shab	167 94	Free w	Powage.
- Can mix & match	between m	D or peel an design	d		
down		, Total:		Grand Total:	700
1 a Maril Call					

April 2011

I fully understand and agree to treatment of the listed areas, and agree to pay American Laser Centers the price quoted above.

- If I have paid the price quoted using a credit program, I acknowledge that I selected the credit program based on my own evaluation of my options. I have not relied on any recommendation or advice of American Laser Centers or its staff with respect to financing. I understand that American Laser Centers has agreements with credit program providers but does not recommend credit products to customers.
- I clearly understand that my payment is for the procedure(s) performed during the term of the agreement and not for any specific result. If I have purchased a laser hair removal package, I will be eligible for the Appearance Plan once the treatments I purchased under this Agreement are completed.
- If no treatments are performed under this agreement, a refund will be issued after my written request.
- All payments are nonrefundable except as set forth in this agreement.

			-
Client/Guardian Sign	ature: Mya Torûl	A 3 7 11	
Staff Signature:	100 maco	Date: <u>Da II 201 </u>	



Laser Hair Removal | Skin Rejuveration Callulite Reduction | Body Contouring

TREATMENT AND FINANCIAL AGREEMENT

Date: 12/29/2010

Grand Total:

1160

Total:

lient Name: <u>Myra Terrell</u>			ate: <u> 2 29</u>		
Service	# of Treatments	Treatment Area	Price	Discount	Final
Laser Hair Removal.	le	Chin	1560	BUGO	Ø
		Jaw	1560	-400	1160
					,
Microderm abrasion		Full Face & Neck.	1107 44	Promo	Ø

I fully understand and agree to treatment of the listed areas, and agree to pay American Laser Centers the price quoted above.

If I have paid the price quoted using a credit program, I acknowledge that I selected the credit program based on my own evaluation of my options. I have not relied on any recommendation or advice of American Laser Centers or its staff with respect to financing. I understand that American Laser Centers has agreements with credit program providers but does not recommend credit products to customers.

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If no treatments are performed under this agreement, a refund will be issued after my written request.

All payments are nonrefundable except as set forth in this agreement.

(Client/Guardian Signature		Terrell	Date: 12/29/10
Staff Signature:	10 Chood		Date: 2 29 2010 -



Laser Hair Removal | Skin Rejuvenation Collulite Reduction | Body Contouring

INFORMED CONSENT FOR LASER HAIR REMOVAL TREATMENT

An American Laser Centers Professional has explained to me the nature, goals, limitations and possible complications of this procedure and alternative forms of treatment. I have had the opportunity to ask questions about the procedure, its limitations and possible complications. These have been answered to my satisfaction.

I understand that all items contained herein apply to the following procedure(s): Laser-Assisted Hair Removal and Intense Pulsed Light-Assisted Hair Removal.

The purpose of this procedure is to diminish and remove hairs. This procedure may require one or more treatments and may not produce total permanent hair removal. Alternative methods are electrolysis, other laser-assisted hair removal technologies, various topical therapies and shaving.

I clearly understand the following:

- 1. The potential benefits of the proposed procedure(s).
- 2. The possible alternative procedure(s).
- 3. The goal of Laser Hair Removal, as in any cosmetic procedure, is improvement, not perfection.
- 4. There is no guarantee that the expected or anticipated results from the treatments will be achieved.
- 5. For best results, I have been informed that multiple treatments are needed. More treatments may be needed depending on skin type, previous methods of hair removal and hair color.
- 6. I must avoid tweezing, waxing, threading and bleaching treatment areas.
- 7. Hormonal imbalance, pregnancy and menopause can affect treatment outcomes.
- 8. Contraindications for this procedure include:

Pregnancy and nursing
Accutane (must discontinue use of product 3 months before beginning treatment)
Epilepsy or those who have a history of seizures
Diabetes (no treatment below the ankles and no shaving)
Poorly controlled Diabetes
Current history of skin cancer, or current condition of any other type of cancer, or pre-malignant moles in area of
treatment
Active sores or rash (psoriasis, eczema) in the area to be treated
Skin disorders such as keloids or abnormal wound healing
History of melanoma anywhere on the body
Recent (within 3 months) surgery, laser resurfacing or deep chemical peels in treatment area
Severe medical disorders such as poorly controlled heart conditions
Chemo or radiation therapy (letter of clearance from your physician is required)
Pacemaker, internal defibrillator and any internal electrical devices
Any internal metal device, i.e. surgical screws, pins, plates, or implants, in the area to be treated (no treatment if the
device is superficially in the body area to be treated) AIDS, HIV positive or use of immunosuppressive drugs (a letter of
clearance from your physician is required)
Multiple sclerosis (a letter of clearance from your physician is required with confirmation that the area to be treated is
not numb)
Immune disorders such as: Scleroderma, Lupus, Porphyria, Sarcoidosis and others
Children under the age of 12

	□ Treatment over numbness of a pody part □ Treatment over moles or lesions of any kind □ Treatment over tattoos, port wine stains, under the eyebrows, or any orifice □ Use of photosensitive medications may cause increased sensitivity to the devices □ Bleeding problems or use of blood thinners
	Client Initial 1101
9.	Tanning during the course of my laser treatments is not recommended and can cause a number of complications. My scheduled treatment may be postponed if I am too tan.
10.	I should avoid all tanning and sun exposure for 4 weeks before and 1 week after each treatment, as well as avoiding tanning beds.
11.	I have been informed to use a sunblock with an SPF of 30 or higher on the treated area during the course of laser treatments.
12.	It is my responsibility to inform the center if my skin is any darker than when I first started treatment.
13.	It is my responsibility to inform the center of any medical or prescription changes.
14.	Post-treatment care is very important and I will adhere to all the instructions given to me. Improper care to the treated area may increase the chances of any complications.
15.	Laser Hair Removal can permanently reduce the numbers of hairs growing in the treated areas. Any remaining hair in general will be thinner and more easily treated by alternative methods.
1,6.	The risks of this procedure include pain, infection, scarring, drug reactions or interactions or unforeseen complications. There is also a risk of mismatch in the color or the texture of the skin, temporary redness, hive-like reaction or bruising, brownish skin discoloration, activation of fever blisters (herpes), temporary increased susceptibility to sunburn and persistent pinkness for months.
17.	There is a possibility that this procedure will be unsuccessful, need to be repeated, or may require additional treatment of complications.
18.	Tattooed "permanent" make up in the area to be treated with laser hair removal may darken, and there may be lightening of decorative tattoos.
19.	I authorize the taking of photographs or videotapes, or other similar means of recording the treatment. I understand that these recordings may be used for publication, medical study, demonstration research and documentation of progress in medical record. Failure to allow the taking of photographs of my treatment areas will make it impossible to judge the efficacy of my treatments and will void any extended treatment program, guaranty and/or any treatment due beyond those included in the purchased package.
20.	I have been given copies of both pre and post care instructions.
21.	I understand the procedure and accept the risks, and request that this procedure be performed by a provider at American Laser Centers.
22.	I have had sufficient opportunity to discuss my condition and treatment with the American Laser Centers professional, and all my questions have been answered to my satisfaction. I believe I have adequate knowledge to understand the nature and risk of the treatment to which I am consenting.
a	have read and understand all information presented to me before signing this consent form. I have had ample opportunity to sk any questions regarding laser hair removal, side effects and after care. Signature
S	taff Signature Date 12/29/10.

Laser Hair Removal Treatment Consent Form 0409_10

Page 2 of 2



Hair Removal & Skin Rejuvenation

Pre and Post Laser Hair Removal Procedure Instructions

Thank you for scheduling your Laser Hair Removal treatment with American Laser Centers. For your safety and in order to obtain optimum results, the instructions below must be followed diligently.

- 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.
- Shave the treatment area one day before your scheduled treatment unless instructed otherwise. If you cannot shave, American Laser Centers will shave the area for you at an additional \$35 charge.
- Do not to use the following items on the treatment areas: AmeriPure Cell Turnover, AmeriPure Anti Oil,
 AmeriPure Skin Lightner, any exfoliation products or bleaching creams 2 days before and 2-3 days after
 treatment or until all pinkness has subsided.
- Do not apply any creams, lotions or deodorant on the area to be treated prior to treatment.
- No direct sun exposure during mid-day (between 10:00 am 3:00 pm), tanning booths and self tanner 4 weeks prior to and 1 week after your treatment.
- AmeriPure Sun Block with SPF 60 or higher is essential during the course of treatments.
- Apply your AmeriPure Post Laser Lotion 3-4 times daily for 3 days after each treatment.
- After treatment, the area may feel similar to mild sunburn. A cool compress may be applied along with the AmeriPure Post Laser Lotion 3-4 times a day until resolved.
- Mild soap and tepid water may be used to wash treatment areas. Hot water should not be applied to freshly treated areas or until pinkness has subsided.
- The hairs that are destroyed from the treatment will gradually work themselves out. This process can take up to 3-4 weeks. Do not pick, rub or scratch the treated areas.
- Although rare, a blister may appear. You must contact the clinic to arrange for an evaluation.
- If you must cancel or reschedule your appointment, please contact the clinic at least 24 hours in advance. Otherwise, a cancellation fee shall be applied. This is due to the high demand for treatment time.

If you have any questions or concerns, please contact our clinic at (30)	1255-0005
I have read and agree to the instructions above. Client Signature:	Date: 129 / 10
Staff Signature: Work	Date: <u>12 29 2010</u>

TWO-YEAR APPEARANCE PLAN MEMBERSHIP

American Laser Centers offers hair removal satisfaction through the industry's most comprehensive Two-Year Appearance Plan. After undergoing the recommended laser hair removal protocol, if hair growth occurs in the treated area we will continue treatments, at no additional charge, for two full years from the date of purchase.

As part of your package purchase, you also obtain an Appearance Plan Membership. Once the initial Two-Year Appearance Plan has expired, this Membership allows you to receive discounted treatment rates if you decide continued service is needed.* Membership pricing applies only to areas previously treated. Please see your Clinic Manager for specific details.

Membership Pricing Effective July 1, 2009**

<u>Treatment Time</u>

 One Half Hour
 \$50.00

 One Hour
 \$100.00

 One Hour and a Half
 \$150.00

 Two Hours
 \$200.00

NAME: Myra	Terrell		
TREATMENT AR	EA: Chin	Ė	Vaw

EFFECTIVE DATE: 12/31/2010 - 12/31/2012.

lient Manager Manager Signature: Manager Signature: Manager Signature: Manager Signature: Manager Signature: Manager M

Dole: 12/39/10



American Laser Centers

Laser Hair Removal | Skin Rejuveration Cellulite Reduction | Sody Contouring

*Continued service is contingent upon client meeting all hair removal candidate selection criteria. **Prices subject to change with sixty days notice.



Conseri for Microdennabrasion

American Laser Centers

- 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 quarantee 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.

regarding Microdermab asion. My signature acknowledges that I am inform	12/19/10
regarding Microdermabrasion. My signature acknowledges that I am inform Patient Signature	Date
Witness Signature DCN 5000	Date 12/29/10
Parent/Legal Guardian Signature (If Patient is a Minor):	Date
Location: Pockille, MP.	



Hair Removal & Skin Rejuvenation

Pre/Post Instructions for Microdermabrasion, Fotofacial, and Skin Tightening

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

- Do not use on treated areas: AmeriPure Cell Turnover, AmeriPure Anti Oil, AmeriPure Skin Lightner, any exfoliation products or bleaching creams 2 days before and 2-3 days after treatment or until all pinkness has subsided.
- Do not apply any creams or lotions to the area to be treated prior to treatment.
- No direct sunbathing, tanning booths or self tanner during the course of treatments.
- AmeriPure Sun Block with SPF 60 or higher is essential during the course of treatments.
- Apply your AmeriPure Post Laser Lotion 3-4 times daily for 3 days after each treatment.
- Using the AmeriPure product line is essential to obtain optimum results of Skin Rejuvenation treatments.
- AmeriPure's Vita-Pure Serum is recommended to aid in collagen remodeling.

Item# 209 Pre_Post_MDA_FF_ST_Ver_8.28a

- To wash- use tepid water and apply cleanser with finger-tips, in a gentle circular motion. Do not use hot water on freshly treated areas or until pinkness has subsided.
- Do not pick any scabs or dry skin that may appear. This may cause unwanted side effects such as darkening of skin and/or scarring. Apply AmeriPure Post Treatment Lotion 3-4 times a day as needed to help minimize any dry effects.
- Although extremely rare, if the area appears to be forming a 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 clinic at least 24 hours in advance. Otherwise, a cancellation fee shall be applied. This is due to the high demand for treatment time.

If you have any questions or concerns, please contact our office at (301 you at your next appointment.	255 0005. We look forward to seeing
I have read and understand the instructions and realize to obtain optimum diligently. Client Signature: Staff Signature:	results I must follow these instructions Date: 12/29/10 Date: 12/29/2010
	Page 1 of 1



American Laser Centers Client History

lient Name: 121 121 121	Client Name: MUTA Terrell	Date of Birth: 10 24	82
-------------------------	---------------------------	----------------------	----

Do you have or have you ever had any of the following conditions:

Yes	No,	Medical History	Please Specify
ב	3/	Seizures and/or Epilepsy	
a	S.C.	Diabetes	
\supset	\$	Numbness in the area	
J		Autoimmune Disorders	
ū	ΦĤ	Sarcoidosis	
ū	□ <i>i</i> //	Lupus	
	10 /2	Scleroderma	
		Skin Disorders	·
	₹	Vitiligo	
	4	Keloid/Hypertrophic Scarring	
		Present Scarring	
Q	30	. Herpes Virus /Cold Sores	
		Polycystic Ovarian Syndrome	
Ü		Blood clots/Phlebitis/Bleeding Disorders	
ū		Peripheral Vascular Disease	
	Ξŧ	Lymphedemia	
	3	Varicose Veins	
		Pregnancy/Actively trying to get pregnant	
)	φ) l	Cancer and/or precancerous lesions	
	l		- tr
Yes	No	Medical Clearance Letter Required	Please Specify
	9	HIV/AIDS	
ū	利	Multiple Sclerosis	
	#∕	Chemotherapy/radiation therapy	
	ţ		
Yes	No	Surgical History	Please Specify
	<u></u> →()	Pacemakers/internal pacing devices	
	<u> </u>	Internal Metal Devices (rod,plates,screws)	
O	ΩŽ,	Hip Replacements	
O	Na Pal	Lymph Node Removal	
ă	⊒(I	Hernias	4.6.
\bigoplus		Past Surgeries	ryter.

Yes And and a	200万日分前河南河	Current Me Over-the-co Herbal Supp Retin-A or C	ounter medicat plements Generics ner (Coumadin cation	ions		MATER SCA	N.SI Cr I
Yes	Nø)		Allergies	•		Please Spec	cify
_ _		Food Allerg			······································		
٥	9	Medication Latex Allerg	-				
u	Ψ,	Latex Allery	10		•		
Yes	No		Other			Please Spec	tify
Ü	He	Permanent	Make-up				
0	4	Tattoos					
0	7	Recent Cost	metic Procedu	res	· · · · · · · · · · · · · · · · · · ·		Date:
	- =	Botox/Resty	/lane/Dermal F	illers			Date:
	·					Please Specify	•
Yes	Ņρ	Produ	ct History		Brand Name		requency
	4	Cleanser		· ———			
Q	ם	Soap		Dive			
	ঘ	Toner					
	4	Moisturizer					
)		Night Crea	'n	Clean	Jos Spit	<u> </u>	
_		Eye Cream					
J	50	Astringent					
a	D.	Scrub Sunscreen					
	<u> </u>	Other					
u	J	Otriei					,
Γ		of Chin	D Dn:	☐ Normal	‡ Øily	☐ Combination	☐ Acne-prone
	Type	of Skin	□ Dry	- 140111121	40119	a combination	
	l hav : Signa	\mathcal{N}	d all the qu	estions tr	uthfully and	to the best of my	knowledge

Item #270

Revised 3/10/08



Client Survey good Micro.

n.

American Laser Ce	enters Chick July	1500-2000 900 Couper
	Date:	12/26/10
Client Name: 1945A Address: 13805 9	Terrell Date	of Birth: Will State: MD Zip: 2077
		nail: my terre us msn. co
Name of Employer: Hous-	<u> </u>	1
Occupation: lavalec	1/5 1	Work Phone:
How did you hear about us?		
Emergency Contact Person:	John Torrell	
Relationship: SPNUSE	P	Phone: 301 218 586 7
Keladorising.		
What method of payment is bes	t for you? 🗖 Financing 🚨 Credit C	Tard ¥Check ¥Cash
Please in	dicate the services and are	as of interest
Laser Hair Removal	Hair Color	Current Method of Hair Removal
Area of Interest		C The als
Chin	Blice	50.55075
Neck		
Saul		
Cl.t. Daimenation		
Skin Rejuvenation Skin Tone	Firmness & Elasticity	Texture
☐ Uneven Skin Color	☐ WrinklesDeepFine	☐ Leathery Texture
☐ Sun Darnage	☐ Lip Lines	☐ Acne Scarring
☐ Age Spots	☐ Crows Feet	□ Large Pores
☐ Freckles	☐ Nasolabial Lines	☐ Blackheads
☐ Broken Capillaries	☐ Skin Tightening	☐ Dry/Rough Skin
☐ Rosacea	Loss of Firmness/Elasticity	☐ Stretch Marks
Area of Interest	Area of Interest	Area of Interest
		!
	y Contouring / Circumferential	
Area of Interest	Area of Interest	Area of Interest
☐ Thighs	☐ Abdomen	☐ Arms
☐ Buttocks	☐ Hips	



American Laser Centers Skin Type Assessment

Please circle the appropriate answers on this form so we can property assess your skin typo

Name |

Heritage Hincan Airencan

Genetic Disposition

				,	_
	0	-	22	C	
	Light blue. Green	Gray	Blue	Dark Brown	Brown/Black)
What is the color of your eyes r	Eight one of the con-	4.4			
habet is your patural bair color?	Sandy Red	Blonde	Chestnut/Dark Blonde	Dark Brown (Black
AAIIST IS Aont tierdien men color.				ight Brown	Dark Brown
What is the color of your skin?	Reddish	Very Pale	Paie		
	Many	Several	Few	Incidental	None
DO you have hernes ?					-
				Total	1 60

Reaction to Sun Exposure

				•	•
Corre	0	-	2		
	Redness/Blistering/Peels Blistering/Peeling		Burns Sometimes/Peels	Rarely Burns	Never Burns
What happens when overexposed to the son if	200000000000000000000000000000000000000				
	Hardiv/Not at all		Medium Tan	Tans Easily	Turn Dark Brown Quickly
to what degree does you skill toll brown :	Y	*			21
The same of the sa	Mayer	Seidom	Sometimes	Often	Always
Do you lurn brown within several nours after buil exposure :	Meyer	,			No Opphion
י מונים מלא מונים מ	Very Sensitive	Sensitive (Normal)	Very Resistant	NO PRODIECTS
How does your face read to the suit :					
			(Total	0

Tarming Habits

	was the treatment area exposed ?	When was your last exposure to suit, tallips of clean :	2 and a second a seco	Score		THE PERSON NAMED IN COLUMN TO SECOND THE PERSON
	Never		More than 3 months		0	
	Hardly Ever		2 to 3 months			
	Sometimes		1 to 2 months		N	
Total	Onen		Less than 1 month			
1	Stomor	Simerie .	IESS LIGHT V MEGAN	land then of months	•	_

= 1	≕	
If your heritage is Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas and 5 points	or each Perent of African American or East Indian descent add 10 points	Heritage
c,	10 20	
	your herilage is Lain American, Asian-Pacific islanders, Mediteianean, or native or indigenous to the America's and 5 points	For each Perent of African American or East Indian descent add 10 points 10 20 11 your healage is Lain American, Josian-Pacific (standers, Mediteranean, or native or indigenous to the America's and 5 points 5

Summary

Total for Tenning Habits Total for Reaction to Sun Exposure Total for Genetic Disposition

Skin Type Score

	31 to 34	25 to 30	17 to 24	9 to 16	0 to 8	Skin Type Score 46
5	V	V	=	=	_	Skin Type 11

^{*}Suntanned skin overrides the skin type score.

INSTALLMENT SALES AGREEMENT

This agreement is made between Mig	ra Terrell	(Buyer)
and American Laser Centers (Seller) o	n the	day of <u>February</u> 2011
and American Laser Centers (Seller) o Services Purchased: Microdermak	prasion/Chemical pe	el package w Vinter System
Total Price: \$705.57		
Down Payment: \$250	(Minimum down paymer	nt is 10%)
Unpaid Balance: #\$50.57	Total Price minus Down Pa	nyment)
Payment Schedule:	A a unit Dura	Office Use (Date Paid)
Date Due	Amount Due	Office one (Builty and)
1. April 2011	<u>\$ 225</u>	
2. <u>may</u> 2011	\$ 225	
3.		
ayment. Seller sells Buyer the services des	eniland chave (the "Services"	upon the terms set forth above. Buyer, giv
ayment. Seller sells Buyer the services des	scribed above the Scribes	assigns payments as set forth in the above p

en the 1. P ayment choice of efore the schedul date of the third treatment received by Buyer under this Agreement.

2. Events of default. The occurrence of any of the following shall constitute a default under this agreement: (1) failure of Buyer to perform any obligation in this agreement; or (2) when Sellet shall in good faith believe that the Buyer will be unable to make any

payment secured by this agreement.

- 3. Remedies on default. In the event of a default, Seller shall have the right to: (1) obtain judgment for the amount of the installments delinquent under the contract plus interest at six % on such delinquent payments from due date and reasonable attorney's fees, and declare all unpaid installments and other moneys due or to become due under this contract immediately due and payable; (2) deny Buyer the delivery of further treatments under this agreement; and (3) exercise the rights on default of a party under the Uniform Commercial Code. All of Seller's rights under this agreement are cumulative and no waiver of any default shall affect any later default.
- 4. Miscellaneous terms and provisions. (1) If any part of this contract is adjudged invalid, the remainder will not be invalidated by this. (2) Seller may assign this contract but Buyer shall not. (3) If there be more than one signer of this contract, their obligations shall be joint and several and each specifically waive presentment or demand and agree that any extension or extensions of time of payment of this contract or any installment or part installment may be made before, at or after maturity by agreement with any one or more of the parties, and they waive any right which they may have to require the holder to proceed against any person. (4) This agreement will be governed by the laws of the State of Michigan, and all obligations of Buyer shall bind heirs, executor, administrator or successors.
- 5. Exclusive statement of contract. This writing contains the full, final and exclusive statement of the contract between the parties and no agreement or warranty shall be binding on the Seller unless expressly contained in it.

Buyer acknowledges receipt of a copy of this contract.

Buyer: Myra Terrell	Seller: AMERICAN LASER CENTERS
Signature: Myra Terrett	By: KOChoos
Date: 02/11/2011	

INSTALLMENT SALES AGREEMENT

	nt is made between Mu	ra Terrell		(Buyer)
and American	n Laser Centers (Seller) or	6 a th	ay of <u>December</u>	, 20 <u>_ i O</u> .
Services Purc	chased: Laser Hair Ri	anoval : Chun i Jaw		·
Total Price:	\$1160			
Down Payme	ent: \$580 -	(Minimum down payment	s 10%)	
Unpaid Balar	nce: <u>\$580</u> (T	otal Price minus Down Payı	ment)	
Pavment Sch	hedule: Date Due Pnor to タピ゚ナス	Amount Duc	Office Use (Di ろんて)	ate Paid)
1. 2.	<u> </u>	Ψ3(0		
3.				
AINCHE SECTION OF ME	is agreement.		433 1	be unable to make any
3. Remedies on de stallments delinquentes, and declare all un ny Buyer the deliver ommercial Code. All fault. 4. Miscellaneous to this. (2) Seller may all be joint and seve	t under the contract plus interpaid installments and other in of further treatments under the of Seller's rights under this terms and provisions. (1) If assign this contract but Buy ral and each specifically was a service of part.	alt, Seller shall have the right to crest at six % on such delinquent moneys due or to become due us this agreement; and (3) exerci agreement are cumulative and the same part of this contract is adjuter shall not. (3) If there be more the presentment or demand and installment may be made before	inder this contract immediate the rights on default on waiver of any default deged invalid, the remained than one signer of this cagree that any extension eat or after maturity by	the amount of he e and reasonable attorned hately due and payable; f a party under he Uniformal affect any later der will not be invalidated contract, their obligation or extensions of time of agreement with any one
3. Remedies on de stallments delinquentes, and declare all un eny Buyer the deliver commercial Code. All efault. 4. Miscellaneous to this (2) Seller may hall be joint and several the parties, and greement will be governed to the parties, and greement will be governed to the services and no agreement and no agr	efault. In the event of a default under the contract plus interpretation of a default under the contract plus interpretation of further treatments under the lof Seller's rights under this terms and provisions. (1) If assign this contract but Buy ral and each specifically want of any installment or part of they waive any right which termed by the laws of the Statement of contract. This writing	alt, Seller shall have the right to crest at six % on such delinquent moneys due or to become due or this agreement; and (3) exerci agreement are cumulative and the shall not. (3) If there be more ive presentment or demand and installment may be made beforth they may have to require the lite of Michigan, and all obligations on the Seller unless expressions.	dged invalid, the remained than one signer of this cagree that any extension e, at or after maturity by nolder to proceed against ons of Buyer shall bind hexclusive statement of the	the amount of he and reasonable attorned hattery due and payable; f a party under he Uniformal affect any later der will not be invalidated contract, their obligation or extensions of time of agreement with any one any person. (4) This eirs, executor, administration of the contract of

LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1 Welcome rcombe: [Logout]

Applications v

Database v

Accounting v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

DIRECTIONS:

- 1. Wait until the page loads. Flashing on the bottom bar should cease flashing when done.

Scheduler v SiteMap

- 2. Click HERE to adjust the size the windows/steps.
 3. In the web broswer, go to the "Print Preview" area.
 4. Set the % (Scaling) to 70%. Wait until the page count is done re-calculating.
- 5. Print!

ALL CHARTS for a Patient

Action

[Return To Client Charting]

Patient Chart ID 13128247000361 History
Chart ID#: 13128247000361
Date Created: 2010-12-31 10:26:19.91

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2010-12-31 10:26:17.243	Verified Hipaa/Consent Forms Signed	ALCMD259
2010-12-31 10:26:19.903	Step 1 Completed	ALCMD259
2010-12-31 10:26:19.91	Chart Created	ALCMD259
2010-12-31 10:26:32.953	Step 2 Completed	ALCMD259
2010-12-31 10:26:32.977	Skin Type Assessment Submited	ALCMD259
2010-12-31 10:28:57.263	Step 3 Completed	ALCMD259
2010-12-31 10:28:57.303	Treatment Record Q1 Completed	ALCMD259
2010-12-31 10:29:26.8	Step 4 Completed	ALCMD259
2010-12-31 10:29:26.8	Treatment Record Q2 Completed	ALCMD259
2010-12-31 10:46:03.577	Chart Laser Test Settings Submitted	ALCMD259
2010-12-31 10:47:24.163	Step 5 Completed	ALCMD259
2010-12-31 10:47:24.17	Treatment Record Settings Completed	ALCMD259

Step 1: ALCPartner Scheduler Application 1 Welcome rcombe: [Logout] LASER SKINCARE Monday, May 09, 2011 Marketing v Call Center v HR v American Laser Learning v Accounting v Announcements Applications v SiteMap 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. Update Chart Procedure

	ARE				Monday, May 09	9. 2011				ALCP	artner Sch Welcome		
nnouncements	Scheduler v	Database v	Accounting v		HR v American Laser L		/ Marketing v	Ca	Il Cente	·v	Product	v	Ema
pplications v S	SiteMap							QUIC	K LINKS	>>	Cilck	Here 1	fo Sel
ikin Type Ass	essment Fo	orm							1	2	- ③ -	4) .	<u>(</u>
					Please verify th	e questi	ons highlighted in	this co	lor are	correct	t before	proce	edin
Genetic Dispositio 1. What is the cold		?											
C Light Blue,		O Gray		0	Blue	0	Dark Brown		⊙ Brow	n/Black			
2. What is your na		?							- D11				
 Sandy Red 		O Blone	de	0	Chestnut/Dark Blonde	0	Dark Brown		Black				
3. What is the cold	or of your skin?		Pole	^	Pale .	0	Light Brown		⊙ Dark	Brown			
○ Reddish 4. Do you have fre	ackles?	O Very	Pale	O	raic	O	agii aromi		-				
O Many	scries:	O Seve	ıal	0	Few	0	Incidental		None				
Reaction to Sun E	VDOCUTE	•											
L. If you where o	ver exposed to	the sun how w	ould your skin r	eact	?					_			
 Redness/B 	Blistering/Peels	 Bliste 	ering/Peeling	0	Burns Sometimes/Peels	0	Rarely Burns		Neve	r Burns			
2. To what degree		n turn brown?	-		M . P T	_	Tone Engily		△ Turn	- Dark F	Brown Qui	ckly	
⊙ Harldy/Not	t At All		Color Tan	-	Medium Tan	O	Tans Easily		O Turn	Daik	JOWN Qui	City	
3. Do you turn bro	own within sev	erai hours afte Seld			Sometimes	0	Often		O Alwa	vs			
⊙ Never4. How does your	face react to t	•	JIII	•	Surrectines	Ŭ			•	•			
O Very Sensi		O Sens	itive	•	Normal	0	Very Resistant		O No P	robiem			
Tanning Habits		•											
1. When was your	last exposure	to sun, lamps	or cream?										
More Than			3 Months	0	1 to 2 Months	0	Less Than 1 Month		O Less	Than 2	Weeks		
2. Was the treatm	ent area expos					_	09		⊙ Alwa	. re			
O Never		O Hard	lly Ever		Sometimes		Often		⊙ Alwa	y5			
Heritage									- 40 D	-!			
If Father is of Africa	n American or Ea	st Indian descen	t add						☑ 10 P				
If Mother is of Africa	n American or Ea	ast Indian descer	t add						☑ 10 P	oints			
	sian-Pacific Island	darc Mediterane:	an or native or ind	lianno	us to the Americae add				□ 5 Po	ints			

spacer

3: * *** * **							AU	CPartner Schedule	r Application
LASER SKIN	CARE				Monday, May 09, 2011			Welcome rcor	
mouncements	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
pricacions v	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						QUICK LINKS >>	Click Her	e To Selec
reatment R	ecord Ques	tionnaire 1					① - ②	- 3 - 4	· (S)
atient Informa		T ,							
'atient Name: 'reatment Area:	•	a Terrell ı				e questions hig	hlighted in this col	or are correct	before
reatment Numb	ber: 1				proceeding.				
kin Type:	VI_								
lease fill out qu	estions 1-10							· · ·	
1. Have you bee	n diagnosed with	diahetes lunus s	arcoidosis cancer s	kin disorder	, seizure disorder, numbness in ti	ne area to be trea	ted. HIV positive or m	ultiple sclerosis	?+ O
Yes [⊙] No	ar alagnosca With	and a second second	a. co. ao ai a, con ico i , a	41001461	,		120, 111 positive of fil		•
	specify: N/A								
									
Do you have	a pacemaker or a e specify: N/A	ny internal metal c	levice?* O Yes	∨ No					
_									
 Are you or do 	you think you ma	y be pregnant?*	○ Yes ⊙ No						
4									
Have you eve			P* ○ Yes ⊙ No						
		home? O Yes							
			ounter medications	and medicin	al herbs you take:				
· · · · · · · · · · · · · · · · · · ·	ncinolone on scal	· · · · · · · · · · · · · · · · · · ·							
5. Are you tan?	· ○ Yes ⊙ No	o							
When was yo	our last sun exposi	ure, self-tanning lo	tions applied, and/o	r tanning bo	oth exposure to the area we will	treat today?* Ov	rer a month		
7. Are vou on A	ccutane?* O Ye	es ⊙ No							
•									
		anges including me	enopause?* ^O Ye	s [⊙] No					
	e specify: N/A								
9. Are you on ch	nemo or radiation	therapy?* O Ye	s [⊙] No						
If YES, please	e specify: N/A								
10. Do you have	vitiligo or a histor	y of vitiligo?* O	Yes [⊙] No					•	
ate: S	ignature:								
`									
						^			
12/31/2010	ノしょ		l /			, n 1	Upda	te Questionnaire	>
12/31/2010		M	Mar	ζ	-1-01/		Upda	ite Questionnaire	····>

^{*} These Are Required Fields

LASER SKINCARE				Monday, May 09, 2011		ALC	Partner Schedule: Welcome rcon	
Announcements Schedul Applications v SiteMap	er v Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
Applications v SiteMap						QUICK LINKS >>	Click Her	e To Selec
Treatment Record (Questionnaire 2					1 . 2	- 3 - 4	- (3)
Patient Information								
Patient Name:	Myra Terrell							
Treatment Area:	Chin							
Treatment Number: Skin Type:	1 VI							
Is patient on AmeriPure S Have photos been taken? Is patient tan BY YOUR A Date of last exposure: [Client comments on hair.	Yes No (Tall SSESSMENT?* Yes More Than A Month	ke before all treatm		ducts to your patient.				
Have photos been taken? Is patient tan BY YOUR A	Yes No (Tall SSESSMENT?* Yes More Than A Month reduction: 0 - 9% None of pink?* 0 - 10 Mins	ke before all treatm		ducts to your patient.				
2. Have photos been taken? 3. Is patient tan BY YOUR A Date of last exposure: 4. Client comments on hair 5. How long did patient stay	Yes No (Tall SSESSMENT?* Yes More Than A Month reduction: 0 - 9% None pink?* 0 - 10 Mins eatment?	ke before all treatm		ducts to your patient.				
2. Have photos been taken? 3. Is patient tan BY YOUR A Date of last exposure: 4. Client comments on hair 5. How long did patient stay Any concerns from last tr	Yes No (Tall SSESSMENT?* Yes More Than A Month reduction: 0 - 9% None or pink?* 0 - 10 Mins eatment?	ke before all treatm O No	ients)					

Update Questionnaire 2 --->

^{*} These Are Required Fields

Announcements Applications v					Monday,	May 09, 2011		,	Partner Scheduler / Welcome rcomb	
	Scheduler v SiteMap	Database	v Account	ting v HR v	American I	aser Learning v	Marketing v	Call Center v	Product v	Emai
Applications A	Sitemap							QUICK LINKS >>	Click Here	To Sele
Treatment	Record Las	er Settina	s					(1) (2)	- (3) - (4)	- (3)
Client Informa					Laser	Hair Removal Ch	art		$\overline{}$	
Client Name:		Myra Terr	ell		Skin		VI			
DOB:		10/24/58			Hair (Black			
Center Name:		Rockville			1 1	nent Area:	Chin			
Technician: (E	mployee ID)	2640			Is Cli	ent Tan?:	NO			
Laser for Proc										
Laser Selected	Aurora/Ameriligh	t (NEW)								
Laser Test Area	a Test Area									
	Face - Left fore	head or behind	ears							
Laser Test Set	tinas					•		•		_
# ID		ite	Skin Type	RF	OF	P Type	ISL	ISM	Laser	
13128	247000361 12	/31/2010	VI	F 10 T 25	F 11	Long	15	F 11	Aurora/Amerili (NEW)	ght
				<u> </u>					<u> </u>	
Laser Hair Ren # ID	noval Chart Sett Dat		Skin Type	RF	OF	Р Туре	ISL	ISM	Laser	
		31/2010	VI	23	10	Long	15	0-12	Aurora/Amerilio	aht
								······································	(NEW)	
	on weds.		Sed IIOM I	1 to 10 and	nr decrea.	Jed Hom 23				
Answer Questi	ions 1-5									
		O _{Yes} ⊙ _{No}								
1. Was client do			○ _{Yes} ⊙ _N	o						
1. Was client do	uble passed? (if skin		○ _{Yes} ⊙ N	о						
Was client don Was skin typ Was ice pack	uble passed? (if skin	type I - III)?								
 Was client doe Was skin typ Was ice pack Post Treatment 	uble passed? (if skin e changed (if skin applied? [©] Ye nt skin reaction?	type I - III)? es O No mild pinkness	which subsided t							
 Was client do Was skin typ Was ice pack Post Treatmen AmeriPure Post 	uble passed? e changed (if skin applied? O Ye nt skin reaction? st Treatment Lotio	type I - III)? es O No mild pinkness	which subsided							
 Was client do Was skin typ Was ice pack Post Treatmet AmeriPure st AmeriPure st 	uble passed? e changed (if skin applied? • You have the control of the control	type I - III)? es O No mild pinkness on applied? • Yes O	which subsided of the subsided	within 5 minutes	es O No					
 Was client do Was skin typ Was ice pack Post Treatmet AmeriPure st AmeriPure st 	uble passed? e changed (if skin applied? O Ye nt skin reaction? st Treatment Lotio	type I - III)? es O No mild pinkness on applied? • Yes O	which subsided of the subsided	within 5 minutes	ies [○] No					
1. Was client dor 1a. Was skin typ 2. Was ice pack 3. Post Treatmer 4. AmeriPure Post 4a. AmeriPure st 5. Post Instruction	uble passed? e changed (if skin applied? O You had skin reaction? st Treatment Lotic un block applied? ons have been give	type I - III)? es O No mild pinkness on applied? O Yes O en verbally and	which subsided of the Yes No No written-on first the No	within 5 minutes	'es ^O No					
1. Was client do 1a. Was skin typ 2. Was ice pack 3. Post Treatmer 4. AmeriPure Pos 4a. AmeriPure si 5. Post Instruction I verify that the	uble passed? e changed (if skin applied? • You have the control of the control	type I - III)? es O No mild pinkness on applied? O Yes O en verbally and	which subsided of the Yes No No written-on first the No	within 5 minutes	es ^O No					

Action:

[Return To Client Charting]

Patient Chart ID 13128247000484 History
Chart ID #: 13128247000484

Date Created: 2010-12-31 10:47:39.2

Transactions Processed

Date Actioned	Action Taken	Actioned By
2010-12-31 10:47:36.07	Verified Hipaa/Consent Forms Signed	ALCMD259
2010-12-31 10:47:39.197	Step 1 Completed	ALCMD259
2010-12-31 10:47:39.2	Chart Created	ALCMD259
2010-12-31 10:47:39.27	Step 2 Completed	ALCMD259
2010-12-31 10:47:39.287	Skin Type Assessment Submited	ALCMD259
2010-12-31 10:47:39.303	Step 3 Completed	ALCMD259
2010-12-31 10:47:39.307	Treatment Record Q1 Completed	ALCMD259
2010-12-31 10:47:39.317	Step 4 Completed	ALCMD259
2010-12-31 10:47:39.317	Treatment Record Q2 Completed	ALCMD259
2010-12-31 10:48:01.13	Chart Laser Test Settings Submitted	ALCMD259
2010-12-31 10:48:43.963	Step 5 Completed	ALCMD259
2010-12-31 10:48:43.973	Treatment Record Settings Completed	ALCMD259

Step 1:	NCARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcom	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
•	•						QUICK LINKS >>		To Select v
Create Chai	rt For Patient						① - ②	. ③ . ④	- ③
Procedures									
Select Proce	dure(s) for Chart:	*	Please select the prod	cedure that	will be treated in this chart.				
Update Chart F	Procedure								

ASER SKI		B. AI.	• • • • • • • • • • • • • • • •	440	Monday, May 09, 20			Welcome rco	
unnouncements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Lear	ning v Marketing v	Call Center v	Product v	Emai
							QUICK LINKS >>	Click He	re To Sele
Skin Type A	ssessment F	orm					① - ②	- ③ - ④) - (3)
					Please verify the q	uestions highlighted i	this color are correc	t before pro	ceeding
Genetic Dispos									
	color of your eyes			o. Dive		a. David Durania	* D		
O Light Bl	•	⊖ Gray		Blue		 Dark Brown 	⊕ Brown/Black	(
•	natural hair colo	r? O Blond	,	○ Chactr	nut/Dark Blonde	Dark Brown	Black		
Sandy F	color of your skin	_	-	O Chesti	ind park pionie	O Dark Blown	⊕ DIdCK		
o. What is the C	· ·	r Very F	Oslo	O Paie		O Light Brown	⊙ Dark Brown		
4. Do you have		O very	aic	O Fale		O ugat brown	⊕ Daik Blowii		
O Many	Heckles:	○ Seven	al	O Few		 Incidental 	⊙ None		
Reaction to Sur	. Evenous	O Seven	u 1	0 1011		O Miciachtai	g Hone		
	over exposed to	the sun how wo	uld your skin r	eact?					
•	s/Blistering/Peels		ring/Peeling		Sometimes/Peels	 Rarely Burns 	 Never Burns 		
2. To what degi	ree does your ski	n turn brown?							
⊙ Harldy/I	Not At All	Light	Color Tan	Mediur	n Tan	 Tans Easily 	Turns Dark 8	Brown Quickly	
3. Do you tum I	brown within sev	eral hours after	sun exposure?						
⊙ Never		 Seldor 	n	Somet	imes ·	Often	Always		
-	ur face react to t								
Very Se	nsitive	 Sensit 	ive	Norma	I	 Very Resistant 	 No Problem 		
Tanning Habits			_						
•	ur last exposure								
-	an 3 Months	O 2 to 3	Months	O 1 to 2	Months	O Less Than 1 Month	O Less Than 2	Weeks	
	tment area expos		. 5	a C	·	- 00	a Al.,		
O Never		O Hardly	/ Ever	Somet	ines	Often			
Heritage									
f Father is of Afri	can American or Ea	st Indian descent a	add				☑ 10 Points		
f Mother is of Afr	ican American or Ea	ast Indian descent	add				☐ 10 Points	J	
If Latin American	Asian-Pacific Island	dare Maditaranaar	or native or indi	denous to th	e Americas add		☐ 5 Points		
Latin American,	ASIGIFFACIIIC ISIGIR	ucrs, incuteranear	, or native or mai	genous to th	e Affericas add		D J FOILES	_	
ummary									
otal Score			l u	pdate Assess	ment				
Skin Type Score	36		V	·					
71.1. T C	Chin Tons								
Skin Type Score 0 to 8	Skin Type								
9 to 16	- ii								
17 to 24	- III								
25 to 30 31 to 34	- IV - V								
35 and over	- VI								

spacer

LASER SKI	NCARE Scheduler v	Database v	Assaumtina :-	MD	Monday, May 09, 2011			Welcon	ne rcomb	Application be: [Logout
omouncements opplications v	SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Produ	ct v	Email
							QUICK LINKS >>	Clic	k Here '	To Select
reatment	Record Ques	tionnaire 1					① - ②	- ③	- ④ .	- ③
Patient Inform Patient Name: Treatment Are: Treatment Nun Skin Type:	Myra a: Jaw	a Terrell			Please verify the proceeding.	ne questions hig	hlighted in this colo	r are co	rrect b	efore
Please fill out o	questions 1-10				•	78.0. 1				
1. Have you be		diabetes, lupus, sa	rcoidosis, cancer, sl	kin disorder,	seizure disorder, numbness in t	he area to be trea	ted, HIV positive or mu	ltiple scl	erosis?*	0
	se specify: N/A			*****						
	e a pacemaker or ar se specify: N/A	ıy internal metal de	vice?* O Yes G	No No						
3. Are you or o	do you think you ma	y be pregnant?*	O Yes [⊙] No							
•	ver had a cold sore i									
	ou have Valtrex at h									
	Il medications, even imcinolone on scalp		unter medications a	ind medicina	al herbs you take:					
	?* O Yes ⊙ No rour last sun exposu		ons applied, and/or	tanning boo	oth exposure to the area we will	treat today?* Ov	er a month			
7. Are you on A	Accutane?* O Yes	s ⊙ Na						_		
	d any hormonal cha se specify: N/A	nges including mei	nopause?* O Yes	⊙ No						
	chemo or radiation to se specify: N/A	herapy?* O Yes	⊙ No	·····						
10. Do you have	vitiligo or a history	of vitiligo?* ○ Y	es ⊙ No							
Date: S	Signature:									
12/31/2010	7	Μ'n	M		ton	U)	Update	Question	naire:	<u>-</u>

^{*} These Are Required Fields

			Monday, May 09, 2011		Au	Partner Scheduler Welcome rcom	
Announcements Scheduler v Applications v SiteMap	Database v Accour	nting v HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
					QUICK LINKS >>	Click Here	To Select v
reatment Record Que	stionnaire 2				① - ②	- 3 - 4	- (3)
Patient Information							
Patient Name:	Myra Terrell	ļ					
Treatment Area:	Jaw						
Treatment Number:	1						
Skin Type:	VI						
Is patient on AmeriPure Skin C Have photos been taken?* © Is patient tan BY YOUR ASSES Date of last exposure: More Client comments on hair reduct	Yes O No (Take before		ducts to your patient.				

* These Are Required Fields

tep 5:									
LASER SKINCARI	•				Monday, May 09, 2011		ALC	Partner Scheduler	
Announcements Sch Applications v Sites	eduler v Databas	e v Accountin	ng∨ HRv	, А	merican Laser Learning v	Marketing v	Call Center v	Welcome rcom Product v	Email
Applications v Sites	ıap						QUICK LINKS >>	Click Here	To Selec
Treatment Reco	d Laser Setting	js					1 . 2	- (3) - (4)	- (3)
Client Information					Laser Hair Removal Ch	ıart			
Client Name:	Муга Тег				Skin Type:	IV			
DOB: Center Name:	10/24/58 Rockville				Hair Color: Treatment Area:	Black			
Technician: (Employe					Is Client Tan?:	Jaw NO			
Laser for Procedure Laser Selected Aurora/	Amerilight (NEW)								
Laser Test Area									
ID Test / 13128247000484 Face -		lears							
Laser Test Settings		W. 11/44.			, , , , , , , , , , , , , , , , , , ,				
# ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser	
1312824700048	34 12/31/2010	VI IV	F 10 T 25	F 11	II Ong	15	F 11 T 12	Aurora/Ameril (NEW)	ight
Laser Hair Removal Ch	art Settings								
# ID	Date	Skin Type	RF	OF	Р Туре	ISL	ISM	Laser	
1 13128247000484	12/31/2010	VI	23	10	Long	15	0 - 12	Aurora/Amerili NEW)	ght
Answer Questions 1-5 1. Was client double pass 1a. Was skin type change 2. Was ice pack applied? 3. Post Treatment skin re 4. AmeriPure Post Treatm 4a. AmeriPure sun block a 5. Post Instructions have	ed? O Yes O No d (if skin type I - III)? O Yes O No action? mild pinkness tent Lotion applied?	O Yes O No which subsided wit O Yes O No No	chin 5 minutes	Yes C	ecreased from 25 t	23			
I verify that this form	is complete and corr	ect.							
Date: Staff Sig	nature:								
12/31/2010	\angle	H		K	PH		Uį	odate Chart	

Action:

[Return To Client Charting]

Patient Chart ID 13128247078066 History
Chart ID#: 13128247078066
Date Created: 2011-01-17 10:48:58.063

Transactions Processed

I I alibactions I i occosed		
Date Actioned	Action Taken	Actioned By
2011-01-17 10:48:52.833	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-01-17 10:48:58.06	Step 1 Completed	ALCMD259
2011-01-17 10:48:58.063	Chart Created	ALCMD259
2011-01-17 10:49:14.07	Step 2 Completed	ALCMD259
2011-01-17 10:49:14.073	Skin Type Assessment Submited	ALCMD259
2011-01-17 10:49:24.03	Step 3 Completed	ALCMD259
2011-01-17 10:49:24.037	Treatment Record Q1 Completed	ALCMD259
2011-01-17 10:49:39.51	Step 4 Completed	ALCMD259
2011-01-17 10:49:39.51	Treatment Record Q2 Completed	ALCMD259
2011-01-17 10:49:53.007	Step 5 Completed	ALCMD259
2011-01-17 10:49:53.013	Treatment Record Settings Completed	ALCMD259
2011-01-17 10:50:27.873	Step 5 Completed	ALCMD259
2011-01-17 10:50:27.88	Treatment Record Settings Completed	ALCMD259
2011-01-17 10:51:42.563	Photo Uploaded	ALCMD259

LASER SKI	NCARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcom	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
							QUICK LINKS >>	Click Here	To Select v
Create Char	t For Patient						① - ②	- 3 - 4	- ③
Procedures									
Select Proces	lure(s) for Chart:	—* * PI	ease select the proc	edure that	will be treated in this chart.				

LASER SKIN	CARE				Monday, May 0	9, 2011		ALCI	Partner Schedule Welcome rcon	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v		HR v American Laser	Learning v	Marketing v	Call Center v	Product v	Email
Applications :	J. 1.1.1.1.							QUICK LINKS >>	Click Her	e To Select
Skin Type As	ssessment F	orm						(1) - (2)	- (3) - (4)	- (5)
· · · · / / · · · ·					Diazea varify th	a quaetions	hiahliahtad in	this color are correc	0	_
					- Trouse verify to		- mgmighted in	- this color are correc		
Genetic Disposi	tion olor of your eyes	.?								
O Light Blu		O Gray		0	Blue	∩ Da	rk Brown	⊕ Brown/Black		
	natural hair colo			Ŭ		Ų -u		⊕ Brown, black		
O Sandy R		 Blonde 	:	0	Chestnut/Dark Blonde	O Da	rk Brown	⊙ Black •		
3. What is the co	olor of your skin?	?						•		
O Reddish		O Very F	ale	0	Pale	O Lig	ht Brown	 Dark Brown 		.
4. Do you have t	freckles?									
O Many		 Severa 	ıl	0	Few	O Inc	idental	None		
Reaction to Sun										
	over exposed to		-							
	/Blistering/Peels	-	ing/Peeling	0	Burns Sometimes/Peels	Rai	rely Burns	 Never Burns 		
_	ee does your skir		S. (_	Marillana Tan	. T.				İ
⊙ ·Harldy/N	iot at all I rown within sev e	O Light (0	Medium Tan	O lai	ns Easily	 Turns Dark B 	Irown Quickly	-
⊙ Never	nown within sev	erainours arter ⊝ Seldor		^	Sometimes	Oft.	en	 Always 		ł
_	ur face react to th	-	''	U	Sometimes	O Oil	CII	. O Always		-
O Very Ser		O Sensit	ive	0	Normal	⊖ Ver	y Resistant	O No Problem		ŀ
Tanning Habits		O		Ŭ		O 1.5.	, , , , , , , , , , , , , , , , , , , ,	O 1107100111		
	ur last exposure	to sun, lamps or	cream?							
	an 3 Months	O 2 to 3	Months	0	1 to 2 Months	O Les	s Than 1 Month	O Less Than 2	Weeks	
2. Was the treat	ment area expos	ed?								
O Never		O Hardly	Ever	0	Sometimes	o Oft	en	⊙ Always		
Heritage .	-							· · · · · · · · · · · · · · · · · · ·]	
If Father is of Afric	an American or Eas	st Indian descent a	ıdd					☑ 10 Points		
If Mother is of Afri	can American or Ea	st Indian descent	add					☐ 10 Points		
				10001	is to the American add			_		
ir Laun American,	ASIGN PACIFIC ISIGNO	icis, mediteranean	, or native or intil	Jenot	us to the Americas add			☐ 5 Points	J	
Summary										
Total Score			l u	odate	Assessment					
Skin Type Score	36		(· · · · · · · · · · · · · · · · · · ·					
Skin Type Score	Skin Type									
0 to 8	- I									
9 to 16	- II									
17 to 24 25 to 30	- III - IV									
25 to 30 31 to 34	. IV									
35 and over	- vi									

spacer

p 3:	ASER SKIP	NCARE				Monday, May 09, 2011		AL	CPartner Scheduler Welcome rcom	
	uncements ications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
••		•	stionnaire 1					QUICK LINKS >>	Click Here	
Pat Pat Tre Tre	ient Informa ient Name: atment Area atment Num n Type:	ation Mys : Mic	ra Terrell roderm			Please verify the proceeding.	e questions hig	hlighted in this col		
Pie	ase fill out q	uestions 1-10					· · · · · · · · · · · · · · · · · · ·			
1.	Yes [⊙] No	en diagnosed with	ı diabetes, lupus, sa	rcoidosis, cancer, s	skin disorder	, seizure disorder, numbness in th	e area to be trea	ted, HIV positive or m	ultiple sclerosis?*	. 0
2.	Do you have		ny internal metal de	evice?* O Yes	⊙ No					
3.	Are you or do	you think you ma	ay be pregnant?*	O _{Yes} ⊙ _{No}	•					
4.	•		in treatment area?							
			home? O Yes						•	
5.		medications, eve meinolone on scal	n those over-the-co	unter medications	and medicin	al herbs you take:				
6.		r O γ _{es} ⊙ N our last sun expos		ions applied, and/o	r tanning bo	oth exposure to the area we will t	reat today?* Ov	er a month	\neg	
7.	Are you on A	ccutane?* O Ye	es [⊙] No	•			-			
8.		l any hormonal che specify: N/A	anges including me	nopause?* O Yes	s ⊙ No					
9.		nemo or radiation e specify: N/A	therapy?* O Yes	⊙ _{No}						,
10.	Do you have	vitiligo or a histor	y of vitiligo?* O	es [⊙] No						
Dat	e: Si	ignature:								
01/	17/2011									

^{*} These Are Required Fields

LASER SKI	NCARE				Monday, May 09, 2011		ALC	Partner Schedule Welcome rcor	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
••	·						QUICK LINKS >>	Click Her	e To Select
Treatment i	Record Ques	stionnaire 2					① - ②	. 3 . 4) - (§)
Patient Inform	ation]						
Patient Name:		Myra Terrell							
Treatment Area	1:	Microderm	Į						
Treatment Nun	ıber:	1							
Skin Type:		VI							
2. Have photos 3. Is patient tar Date of last e 4. Client comme 5. How long did	been taken?* ⊙	Yes No (Ta MENT?* Yes Than A Month nt: 0 - 9% None * 10 - 20 Mins	ke before all treatr		ducts to your patient.				
6. Did patient u	se topical anesthet	ic cream?* O Ye	s [⊙] No If yes,	wipe off wi	th water thoroughly.				

Update Questionnaire 2--->

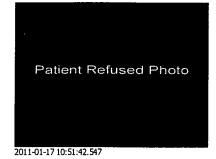
^{*} These Are Required Fields

ep 5:									
LASER SKI	NCARE				Monday, May 09, 2011		ALC	Partner Schedule Welcome rcor	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Cali Center v	Product v	Email
							QUICK LINKS >>	Click Her	a To Selec
Treatment i	Record Lase	er Settings					(1) - (2)	- (3) - (4)	- (3)
Client Informa	tion				Microdermabrasion Ch	art			
Patient Name:		Myra Terreli			Skin Type:	VI			ĺ
DOB:		10/24/58			Hair Color:	Black			
Center Name:		Rockville			Treatment Area:	Microder	m		1
Technician: (En	nployee ID)	2624			Is Client Tan?:	NO			}
Microdermabras	sion Chart Setti	nas							
# ID		Date	Body Part	···	Treatment Settings		٦		
13128	247078066	01/17/2011	Face		10 - 10				
<u></u>	· · · · · · · · · · · · · · · · · · ·								
Answer Questio	ns 1-4				•				
Post Treatment	t skin reaction?	good,very red							
2. AmeriPure Post	Treatment Lotion	n applied?	O No						
2a. AmeriPure sur	block applied?	⊙ Yes O No							
3. Post Instruction	ns have been giver	n verbally and written-	on first treatment	?	s O No				
I verify that this	form is comple	ete and correct.							
-	taff Signature:								
Date. 3	tari Signature:		·····					······································	
01/17/2011		M.		7	\ \			Jpdate Chart	

Step 6/Photos: Chart # 13128247078066 Photos

Myra Terrell

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 13128247208216 History
Chart ID #: 13128247208216
Date Created: 2011-02-11 10:04:47.66

Transactions Processed

Date Actioned	Action Taken	Actioned By
2011-02-11 10:04:40.787	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-02-11 10:04:47.657	Step 1 Completed	ALCMD259
2011-02-11 10:04:47.66	Chart Created	ALCMD259
2011-02-11 10:05:00.69	Step 2 Completed	ALCMD259
2011-02-11 10:05:00.69	Skin Type Assessment Submited	ALCMD259
2011-02-11 10:06:01.39	Step 3 Completed	ALCMD259
2011-02-11 10:06:01.41	Treatment Record Q1 Completed	ALCMD259
2011-02-11 10:29:43.95	Step 4 Completed	ALCMD259
2011-02-11 10:29:43.95	Treatment Record Q2 Completed	ALCMD259
2011-02-11 10:30:14.14	Chart Laser Test Settings, Submitted	ALCMD259
2011-02-11 10:31:15.57	Step 5 Completed	ALCMD259
2011-02-11 10:31:15.57	Treatment Record Settings Completed	ALCMD259
2011-02-11 10:31:24.603	Photo Uploaded	ALCMD259

Step 1:	INCARE				Monday, May 09, 2011		ALI	CPartner Scheduler Welcome rcom	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
Applications V	экспар						QUICK LINKS >>	Click Here	To Select v
Create Cha	rt For Patient	:					1 - 2	- 3 - 4	- ③
Procedures									
Select Proce	edure(s) for Chart:	* P	lease select the prod	cedure that	will be treated in this chart.				
Update Chart	Procedure								

LASER SKIN		Data-k			Monday, May 0							Application
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v		HR v American Laser	Learning v	Marketing v	Call Cent	er v	Produc	t v	Email
	_							QUICK LINK	S >>	Clic	k Here	To Selec
5kin Type A	ssessment F	orm						①	- ②	- ③ .	4	- ③
					Please verify th	e questions	highlighted in	this color are	correc	t before	proc	eeding.
Genetic Disposi												
	olor of your eyes											
O Light Blu	•	O Gray		0	Blue	Dar	k Brown	Brow	vn/Black			
	natural hair colo:		1_	_	G		_					
Sandy R		O Blond	e	0	Chestnut/Dark Blonde	O Dari	k Brown	Blace Blace	k			
O Reddish	olor of your skin?		Dala	_	Data	- 11 1			_			
4. Do you have t	rackles?	○ Very	rase	O	Pale	O Ligh	t Brown	⊙ Darl	Brown			i
O Many	iecnes:	 Sever 	al	^	Few	O Incid	dontal	a N				
Reaction to Sun	Evpocuro	O 36761	u:	O	I CAA	O Inde	Jentai	⊙ None	:			
	over exposed to	the sun how wo	ould your skin r	eact	?							
	/Blistering/Peels		ring/Peeling		Burns Sometimes/Peels	O Rare	ely Burns	⊙ Neve	r Burns			
2. To what degr	ee does your skir	ı tum brown?			·	•	.,	0	. Duitio			
⊙ Harldy/N			Color Tan	0	Medium Tan	O Tans	Easily	O Turn	s Dark B	rown Qu	ickly	
	rown within seve		•							•	•	
Never	_	 Seldor 	m	0	Sometimes	Ofte	n	Alwa	ys			
•	ir face react to th											
Very Sen	sitive	Sensit	tive	0	Normal	Very	Resistant	O No P	roblem			
Tanning Habits			_									i
i. when was you ⊙ More Tha	ır last exposure t											
-	ın 3 Monus nent area expos e	○ 2 to 3	Months	0	1 to 2 Months	O Less	Than 1 Month	○ Less	Than 2 \	Neeks		
O Never	nent area exposi	eur O Hardiy	Ever	0	Sometimes	⊙ Ofte	n	O Alum	ve			
Heritage				$\stackrel{\smile}{=}$		- Orte		O Alwa	ys			
	an American or Eas	t Indian decemt	odd									
								☑ 10 P	oints			
r Mother is of Amic	an American or Eas	st Indian descent	add					☑ 10 P	ints			
f Latin American, A	Asian-Pacific Islando	ers, Mediteranean	, or native or indig	jenou	us to the Americas add			☐ 5 Poi	nts			
ummary												
Total Score			1 14	ndate	Assessment							
Skin Type Score	45		<u> </u>		, o s o s o s o s o s o s o s o s o s o							
Claim Tuma Carer	Chin Tona											
Skin Type Score 0 to 8	Skin Type - I											
9 to 16	- ii											
17 to 24	- III											
25 to 30 31 to 34	- IV											

spacer

LASER SKIN	ICARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcon	
Innouncements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Emai
pplications v	Stteriap						QUICK LINKS >>	Click Here	To Sele
reatment F	Record Ques	tionnaire 1					① - ②	- 3 - 4	- (
Patient Informa Patient Name: Freatment Area	Myra	Terrell				e questions hig	hlighted in this cold	or are correct	before
Freatment Num	ber: 2 VI				proceeding.				
Skin Type:	VI				•				
Please fill out q	uestions 1-10								
1. ,	dia	dishataa luuun oo	racidosis sansor s	kin dicarda	, seizure disorder, numbness in th	a area to he trea	ted HIV positive or m	ultinle sclerosis?	» O
' _	en diagnosed with	diabetes, lupus, sa	rcoldosis, cancer, s	kan disorgei	, seizure disorder, numbriess in ti	ie alea to be tiea	tea, niv positive or m	uitiple scielosis:	
Yes [⊙] No	i6:: N/A								
if YES, pleas	e specify: N/A								
2. Do you have	a pacemaker or ar	y internal metal d	evice?* O Yes	∍ No					
	e specify: N/A								
3. , ,			0 0						
Are you or do	o you think you ma	y be pregnant?*	○ Yes ○ No						
			* ○ Yes ⊙ No						
If YES, do yo	ou have Valtrex at h	iome? O Yes	⊙ No						
	l medications, ever mcinolone on scalp		ounter medications	and medicir	nal herbs you take:	•			
6. Are you tan?	→ O Yes ⊙ No	re. self-tanning lot	ions applied, and/o	r tanning b	ooth exposure to the area we will	treat today?* Ov	ver a month	_	
_	ccutane?* O Ye			-	·	· <u>-</u>			
8. Have you had	d any hormonal cha	inges including me	nopause?* O Ye	s [⊙] No					
9. Are you on c	hemo or radiation (herapy?* O Yes	s [⊙] No						
	e specify: N/A								
10. Do you have	vitiligo or a history	of vitiligo?* O	Yes [©] No						
Date: S	iignature:								
02/11/2011		not	Q)	V/	roll)	Upda	te Questionnaire -	>

^{*} These Are Required Fields

LASER SKIN	NOARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcom	
mouncements	Scheduler v	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
oplications v	SiteMap						QUICK LINKS >>	Click Here	To Selec
reatment F	Record Ques	tionnaire 2						- 3 - 4	_
Patient Informa									
Patient Name:		Myra Terrell	1						
Treatment Area	:	Chin							
reatment Num	iber:	1							
Skin Type:		VI							
1. Is patient on a	AmeriPure Skin Ca	e?* ○ Yes ⊙	No If no, then in	troduce prod	fucts to your patient.				
 Have photos t Is patient tan Date of last e 		Yes [©] No (Ta MENT?* [©] Yes han A Month	ike before all treatm		fucts to your patient.				
 Have photos t Is patient tan Date of last e Client comme How long did 	been taken?* O BY YOUR ASSESS xposure: More 1	Yes No (Ta	ike before all treatm		ducts to your patient.				
Have photos be as a second of last end of last end. Client commendation of last end. How long did Any concerns none.	BY YOUR ASSESS xposure: More T nts on hair reducti patient stay pink?4 from last treatmen	Yes No (Ta MENT?* O Yes han A Month on: 0 - 9% None 10 - 10 Mins tt?	ike before all treatm	nents)	ducts to your patient.				The second secon

Update Questionnaire 2--->

^{*} These Are Required Fields

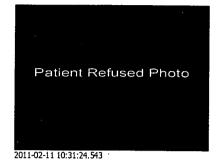
Announcements	Scheduler v	Database v	Accounti	ng v HR		Monday, May 09, 2011 nerican Laser Learning v	Marketing v	Call Center v	ALCPartner Scheduler A Welcome rcombi Product v	
Applications v	SiteMap							QUICK LINKS >>	Click Here T	n Salart
Treatment i	Record Lase	r Settings							2 - 3 - 4 -	_
Client Informat	ion					Laser Hair Removal C	Chart			
Client Name:		Myra Terrell				Skin Type:	VI .			
DOB: Center Name:		10/24/58 Rockville				Hair Color: Treatment Area:	Black Chin			
Technician: (En	npioyee ID)	3302				Is Client Tan?:	NO			
Laser for Proce	dure Aurora/Amerilight	(NEW)								
Laser Test Area ID 13128247000361	Test Area Face - Left foreho	ead or behind ear	s							
Laser Test Setti	ngs Dat	e S	kin Type	RF	OF	P Type	ISL	ISM	Laser	
2 131282-	47208216 02/1	1/2011	VI]	F 10 T 25	F 10 T 16	Long	15	F 10 T 12	Aurora/Amerilig (NEW)	ht
1	oval Chart Settin									7
# ID 2 13128247	Date 208216 02/11	/2011 V	cin Type I	RF 23	OF 10	P Type Long	ISL 15	ISM 3 - 12	Laser Aurora/Ameriligi (NEW)	nt
,							***************************************			
Notes Tolerated to	· uoll No c	on corn c								
Toleraced C	k weil. No c	oncerns.								

Answer Questio	ns 1-5				,]		
1. Was client doul	ole passed?	Yes [⊙] No								
1a. Was skin type	changed (if skin ty	ype I - III)?	Yes [⊙] No			•				
2. Was ice pack a		O No								
3. Post Treatment	•									
4. AmeriPure Post										
4a. AmeriPure sur		⊙ Yes O No					•			
5. Post Instruction	ns have been given	verbally and wri	ten-on first tr	eatment?	⊙ _{Yes} ○	No				
I verify that this	s form is comple	te and correct.								
Date: S	taff Signature:							 		
02/11/2011	1	M	U	Sh	J	l		Į	Update Chart	_

Step 6/Photos: Chart # 13128247208216 Photos

Myra Terrell

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 13128247208368 History
Chart ID #: 13128247208368
Date Created: 2011-02-11 10:31:40.323

Transactions Processed

I I III DIO I I I D T D T D T D T D T D T D T D T D		
Date Actioned	Action Taken	Actioned By
2011-02-11 10:31:36.623	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-02-11 10:31:40.32	Step 1 Completed	ALCMD259
2011-02-11 10:31:40.323	Chart Created	ALCMD259
2011-02-11 10:31:40.407	Step 2 Completed	ALCMD259
2011-02-11 10:31:40.423	Skin Type Assessment Submited	ALCMD259
2011-02-11 10:31:40.447	Step 3 Completed	ALCMD259
2011-02-11 10:31:40.47	Treatment Record Q1 Completed	ALCMD259
2011-02-11 10:31:40.57	Step 4 Completed	ALCMD259
2011-02-11 10:31:40.587	Treatment Record Q2 Completed	ALCMD259
2011-02-11 10:31:59.643	Chart Laser Test Settings Submitted	ALCMD259
2011-02-11 10:32:41.29	Step 5 Completed	ALCMD259
2011-02-11 10:32:41.297	Treatment Record Settings Completed	ALCMD259
2011-02-11 10:32:53.007	Photo Uploaded	ALCMD259

Step 1:	NCARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcom	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
Applications V	Situriap						QUICK LINKS >>	Click Here	To Select v
Create Char	rt For Patient						1 - 2	- ③ - ④	- ③
Procedures									
Select Proce	dure(s) for Chart:	* Pl	ease select the proc	edure that	will be treated in this chart.				
Undate Chart f	Procedure								

					AI CD-	tner Scheduler	Annication
CARE			Monday	, May 09, 2011		Welcome room	
Scheduler v SiteMap	Database v	Accounting v	HR v American	Laser Learning v Marketing	v Call Center v I	Product v	Emai
					QUICK LINKS >>	Click Here	To Selec
sessment Fo	orm				① - ② -	3 · 4	- ③
			Please ve	rify the questions highlighted	in this color are correct t	efore proc	eeding.
ion lor of your eyes	?			,			
e, Green	Gray		O Blue	 Dark Brown 	 Brown/Black 		
atural hair color	?						
ed .	 Blonde 	!	 Chestnut/Dark Blond 	e O Dark Brown	⊙ Black		
lor of your skin?							
	O Very P	ale	O Pale	Light Brown	 Dark Brown 		
reckles?			- F	- 1 21			
	O Severa	ıł.	O Few	O Incidental	⊙ None		
	the cup how we	uld vour chin r	anet?				
				els A Rarely Burns	Never Rurns		
	-	mg/r cenng	O barris surricumes/r c	O Karely Ballis	O NEVER BUILDS		
ot At All		olor Tan	O Medium Tan	 Tans Easily 	O Turns Dark Bro	wn Quickly	
rown within seve	eral hours after :	sun exposure?				, ,	
	 Seldon 	1	 Sometimes 	Often	 Always 		
r face react to th	ne sun?						
sitive	 Sensiti 	ve	Normal	 Very Resistant 	 No Problem 		
•				_			
	•	Months	O 1 to 2 Months	O Less Than 1 Mont	h 🔘 Less Than 2 We	eeks	
nent area expos		F		. 06	- Al		
·	O Hardly	Ever	O Sometimes	⊙ Often	O Always		
an American or Eas	st Indian descent a	dd			☑ 10 Points		
an American or Ea	st Indian descent a	add			☐ 10 Points		
	siteMap sessment Form lor of your eyes e, Green latural hair color d lor of your skin? reckles? Exposure siver exposed to Blistering/Peels e does your skin that At All rown within seven r face react to the sitive ir last exposure n 3 Months ment area expos	SiteMap Sessment Form Ion Ior of your eyes? e, Green	SiteMap Sessment Form Ion Ior of your eyes? e, Green	Sessment Form Please version Jor of your eyes? Experiment form Offay Blood Otherstrut/Dark Blood Otherstrut	Sessment Form Please verify the questions highlighted lion lor of your eyes? e, Green	Seessment Form Please verify the questions highlighted in this color are correct to the form of your eyes? c, Green	Seessment Form Please verify the questions highlighted in this color are correct before processory of the process of the proc

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ep 3:									
LASER SKI	NCARE				Monday, May 09, 2011		AL	CPartner Schedule Welcome rcor	
Announcements	Scheduler v	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
Applications v	SiteMap						OHICK LINKS	6 11-4-14	
Treatment i	Record Ques	tionnaire 1					QUICK LINKS >>) - (3) - (4)	e To Select
		uoimane 1					(h - C)· (a)· (d)) · (3)
Patient Information Patient Name:		Terrell							
Treatment Area					Please verify th proceeding.	e questions hig	hlighted in this col	or are correct	before
Treatment Num Skin Type:	nber: 2 VI		İ		producting				
		· · · · · · · · · · · · · · · · · · ·							
Please fill out q	uestions 1-10								
1. Have you be	en diagnosed with	diabetes, lupus, sa	rcoidosis, cancer, s	kin disorder	, seizure disorder, numbness in th	ne area to be treat	ted, HIV positive or m	ultiple sclerosis	» O
Yes [⊙] No									ļ
If YES, pleas	se specify: N/A								1
	e a pacemaker or an se specify: N/A	y internal metal de	evice?* O Yes	⊙ No					
3. Are you or d	lo you think you may	be pregnant?*	O Yes ⊙ No						
4. Have you ev	er had a cold sore i	n treatment area?"	· ○ Yes ⊙ No						
. If YES, do yo	ou have Valtrex at h	ome? O Yes	[⊙] No						
	Il medications, even	those over-the-co	unter medications	and medicin	al herbs you take:				
	P* ○ Yes ⊙ No our last sun exposu		ions applied, and/or	r tanning bo	oth exposure to the area we will t	treat today?* Ove	er a month		
7. Are you on A	\ccutane?* ○ Yes	s [⊙] No							İ
	d any hormonal cha se specify: N/A	nges including mer	nopause?* O Yes	o No					
	themo or radiation to se specify: N/A	herapy?* O Yes	⊙ No	***************************************					
10. Do you have	vitiligo or a history	of vitiligo?* O Y	es [⊙] No						
Date: S	Signature:								
02/11/2011		h-+	En	مرا	roll)	Updat	e Questionnaire	>

^{*} These Are Required Fields

LASER SKINGARE				Monday, May 09, 2011		7100	Partner Schedule: Welcome rcon	
Announcements Schedi Applications v SiteMap		Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
one rep						QUICK LINKS >>	Click Her	e To Select
Treatment Record	Questionnaire 2					1 - 2	- 3 - 4) - (§)
Patient Information								
Patient Name:	Myra Terrell							
Treatment Area:	Jaw							
Treatment Number:	1 VI							
Skin Type:	VI							
Please fill out questions	1-8							
1. Is patient on AmeriPure	Skin Care?* ○ Yes ⊙	No If no, then in	troduce pro	ducts to your patient.				
2. Have photos been taken	?* ○ Yes ◎ No (Ta	ake before all treatn	nents)					
3. Is patient tan BY YOUR	ASSESSMENT?* O Yes	⊙ No						
Date of last exposure:	More Than A Month							
4. Client comments on hair	reduction: 0 - 9% None							
5. How long did patient sta								
Any concerns from last t								
none								
6. Did patient use topical a	nesthetic cream?* O Yo	es [⊙] No Ifyes,	wipe off w	ith water thoroughly.				
_	^	^						
/. Doer the nationt have k	eloid scarring?* O Yes	∨ No						

Update Questionnaire 2 -->

^{*} These Are Required Fields

LASER SKINCARE				Monday	, May 09, 2011			Welcome rcomi	
nnouncements Schedu oplications v SiteMap	ier v Database	v Accounti	ng v HR v	American	Laser Learning v	Marketing v	Call Center v	Product v	Em
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							QUICK LINKS >>	Click Here	_
reatment Record	Laser Setting	s					1) - 2)	- (3) - (4)	- ত্র
Client Information				1 1	r Hair Removal Cl				
Client Name:	Myra Terr			i 1	Type:	VI Black			
OOB: Center Name:	10/24/58 Rockville				Color: tment Area:	Jaw			
Center Name. Technician: (Employee II				E 1	ient Tan?:	NO			
Laser for Procedure Laser Selected Aurora/Am	erilight (NEW)								
aser Test Area									
ID Test Are 13128247000484 Face - Le		ears							
Laser Test Settings				or	D.T	ISL	ISM	Laser	
# ID	Date	Skin Type	RF F 10	OF 위 10	P Type	-	Fo	Aurora/Ameril	ight
2 13128247208368	02/11/2011	VI	T 25	T 16	Long	15	Т 12	(NEW)	
Laser Hair Removal Char			OF	OF	P Type	ISL	ISM	Laser	
# ID 2 13128247208368	Date 02/11/2011	Skin Type √I	RF 23	10	Long	15.	3 - 10	Aurora/Amerili (NEW)	ght
Notes Folerated tx well.	No concerns.								
							_		
Answer Questions 1-5									
 Was client double passed 	? ○ Yes ⊙ No								
1a. Was skin type changed (if skin type I - III)?	O Yes ⊙ N	0						
2. Was ice pack applied?	⊙ Yes ○ No								
3. Post Treatment skin reac							J		
4. AmeriPure Post Treatmer	• •	⊙ Yes. ○ No							
4a. AmeriPure sun block ap				^					
5. Post Instructions have be	en given verbally and	d written-on first t	treatment?	Yes O No			ل		
I verify that this form is	complete and con	rect.							
•									
Date: Staff Sign				1					
Date: Staff Sign					A 4				
Date: Staff Sign	101	101	LY.	1,0	2				

Step 6/Photos: Chart # 13128247208368 Photos

Myra Terrell

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 13128247259145 History
Chart ID #: 13128247259145
Date Created: 2011-02-21 17:32:52.377

Transactions P	rocessed
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Transactions rrocessed		
Date Actioned	Action Taken	Actioned By
2011-02-21 17:32:48.063	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-02-21 17:32:52.373	Step 1 Completed	ALCMD259
2011-02-21 17:32:52.377	Chart Created	ALCMD259
2011-02-21 17:33:01.097	Step 2 Completed	ALCMD259
2011-02-21 17:33:01.11	Skin Type Assessment Submited	ALCMD259
2011-02-21 17:33:04.52	Step 3 Completed	ALCMD259
2011-02-21 17:33:04.527	Treatment Record Q1 Completed	ALCMD259
2011-02-21 17:33:19.28	Step 4 Completed	ALCMD259
2011-02-21 17:33:19.28	Treatment Record Q2 Completed	ALCMD259
2011-02-21 17:33:29.26	Step 5 Completed	ALCMD259
2011-02-21 17:33:29.263	Treatment Record Settings Completed	ALCMD259
2011-02-21 17:33:46.763	Step 5 Completed	ALCMD259
2011-02-21 17:33:46.763	Treatment Record Settings Completed	ALCMD259
2011-02-21 17:34:05.82	Photo Uploaded	ALCMD259

Step 1: ALCPartner Scheduler Application 1 Welcome roombe: [Logout] LASER SKINCARE Monday, May 09, 2011 Product v Email HR v American Laser Learning v Marketing v Call Center v Database v Accounting v Scheduler v SiteMap Applications v Click Here To Select v QUICK LINKS >> 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. Microderm Update Chart Procedure

LASER SKI	NCARE				Monday, May (9, 2011		ALCF	artner Scheduler Welcome rcom	
nnouncements	Scheduler v SiteMap	Database v	Accounting v	HF	t v American Laser	Learning v	Marketing v	Call Center v	Product v	Email
pplications v	Sitemap							QUICK LINKS >>	Click Here	To Selec
Skin Type A	ssessment F	orm						1 - 2	- 3 - 4	- ③
•					Please verify t	ne questions	highlighted in	this color are correc	t before proc	eeding.
Genetic Dispos 1. What is the	ition olor of your eyes	i?					·····			
O Light B	lue, Green	Gray		O B	ue	O Dar	k Brown	⊙ Brown/Black		
2. What is your	natural hair colo	r?								
O Sandy I	Red	 Blond 	e	0 0	nestnut/Dark Blonde	O Dar	k Brown	Black		
3. What is the	color of your skin	?								1
 Reddisl 	h	○ Very I	Pale ·	O Pa	ale	Light	nt Brown	Dark Brown]
4. Do you have	freckles?									
Many		 Sever 	al	O F	ew	Inci	dental	None		
Reaction to Sur 1. If you where	n Exposure cover exposed to	the sun how we	ould your skin r	eact?						
 Rednes 	s/Blistering/Peels	 Bliste 	ring/Peeling	O B	urns Sometimes/Peels	○ Rar	ely Burns	 Never Burns 		1
2. To what deg	ree does your ski									
⊙ Harldy/			Color Tan	O M	edium Tan	⊖ Tar	s Easily	 Turns Dark E 	Brown Quickly	
3. Do you tum	brown within sev									
Never		Seldo	m	O S	ometimes	Ofte	≜n	Always		
i. How does yo	ur face react to t	he sun?								
Very Se	ensitive	 Sensi 	tive	ΘN	ormal	O Ver	y Resistant	No Problem		
Canning Habits										
L. When was y	our last exposure	to sun, lamps o	r cream?							
More T	han 3 Months	O 2 to 3	Months	01	to 2 Months	O Les	s Than 1 Month	O Less Than 2	Weeks	
2. Was the trea	tment area expos									
Never		O Hardh	y Ever	O S	ometimes	O Ofte	en			
Heritage]	
If Father is of Afr	ican American or Ea	st Indian descent	add					10 Points		
If Mother is of Af	rican American or E	act Indian descent	add					☐ 10 Points		
if Latin American	, Asian-Pacific Islan	ders, Mediteranea	n, or native or indi	genous	to the Americas add			☐ 5 Points	j	
ummary Total Score			1 1	ndata Ar	sessment					
Skin Type Scor	e 36		L	public / c	3033111011					
Skin Type Scor										
0 to 8 9 to 16	- I I									
17 to 24	- 111									
25 to 30	- IV									
31 to 34	- V									
35 and over	- VI									
er										

5/9/2011 4:35 PM

LASER SKIN	CARE				Monday, May 09, 2011		AL	CPartner Scheduler Welcome rcon	
umouncements applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
ppricacions v	этогчир						QUICK LINKS >>	Click Here	To Select
reatment R	lecord Ques	tionnaire 1					1 - 2) - ③ - ④	- (5)
Patient Informa Patient Name: Treatment Area: Treatment Num Skin Type:	Myra : Micr	a Terrell oderm			Please verify th proceeding.	e questions hig	ghlighted in this col	or are correct	before
Please fill out qu	uestions 1-10		······································						
•		diahetes lunus sa	rcoidosis, cancer, s	kin disorde	r, seizure disorder, numbness in th	ne area to be trea	ated. HIV positive or m	ultiple sderosis?)+ O
2. Do you have If YES, pleas: 3. Are you or do 4. Have you eve If YES, do yo 5. Please list all Maxide, Triar 6. Are you tan? When was yo 7. Are you on A 8. Have you had If YES, pleas	e specify: N/A by you think you may er had a cold sore in the have Valtrex at had medications, ever micinolone on scalg Yes O No bour last sun exposu- cocutane?* O Yes d any hormonal challes specify: N/A	in treatment area? nome? O Yes n those over-the-co oure, self-tanning lot are on No anges including me	Yes No No No No No No No No No No No No No N	and medicir r tanning by	nal herbs you take: Dooth exposure to the area we will	treat today?* <mark>O</mark> x	ver a month		
If YES, pleas	e specify: N/A	therapy?* O Yes							
	ignature:	y or vittilgor	163 - 110						
	<u></u>								
02/21/2011							Upd	ale Questionnaire -	>

^{*} These Are Required Fields

LASER SKINCARE	Database v	Accounting v	HR v	Monday, May 09, 2011 American Laser Learning v	Marketing v	Call Center v	Product v	mbe: [Logout] Email
Announcements Scheduler v Applications v SiteMap	Database v	Accounting v	HK V	Willestran rases feet limb A	ranketing v	Can Center V		
						QUICK LINKS >>		re To Select v
reatment Record Que	stionnaire 2					① · ②	- 3 - 4) · (3)
Patient Information								
Patient Name:	Myra Terrell							
Treatment Area; Treatment Number:	Microderm 1							
Skin Type:	VI							
Please fill out questions 1-8 1. Is patient on AmeriPure Skin Ca 2. Have photos been taken?* O				ducts to your patient.				
·	Yes O No (Ta	ke before all treatm		ducts to your patient.				
 Is patient on AmeriPure Skin Co Have photos been taken?* [©] Is patient tan BY YOUR ASSES: 	Yes O No (Ta SMENT?* O Yes Than A Month	ke before all treatm		ducts to your patient.				
1. Is patient on AmeriPure Skin Co 2. Have photos been taken?* 3. Is patient tan BY YOUR ASSES! Date of last exposure: More	Yes O No (Ta' SMENT?* O Yes Than A Month ent: 50 - 75% Signi * 10 - 20 Mins	ke before all treatm		ducts to your patient.				
1. Is patient on AmeriPure Skin Co 2. Have photos been taken?* 3. Is patient tan BY YOUR ASSES: Date of last exposure: More 4. Client comments on improveme 5. How long did patient stay pink? Any concerns from last treatme	Yes O No (Tal SMENT?* O Yes Than A Month ent: 50 - 75% Signi * 10 - 20 Mins ent?	ke before all treatn O No Inficant	nents)					

^{*} These Are Required Fields

02/21/2011

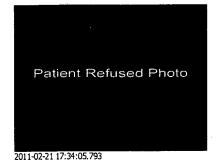
Myra Terrell (Patient ID 1312824) Chart number 13128247259145. Chart completed on 02/21/2011 for treatment at the Rockville clinic. Step 5: ALCPartner Scheduler Application 1 Welcome rcombe: [Logout] LASER SKINCARE Monday, May 09, 2011 Marketing v Call Center v Product v Email American Laser Learning v HR v Database v Scheduler v SiteMap Applications v QUICK LINKS >> Click Here To Select v 1 - 2 - 3 - 4 - 5 **Treatment Record Laser Settings** Microdermabrasion Chart Client Information Skin Type: Myra Terrell Patient Name: Black Hair Color: 10/24/58 DOB: Treatment Area: Microderm Center Name: Rockville NO Is Client Tan?: 2624 Technician: (Employee ID) Microdermabrasion Chart Settings Treatment Settings Date **Body Part** - 10 02/21/2011 Face 13128247259145 Notes Answer Questions 1-4 1. Post Treatment skin reaction? good ⊙ Yes ○ No 2. AmeriPure Post Treatment Lotion applied? ⊙ Yes ○ No 2a. AmeriPure sun block applied? ⊙ Yes ○ No 3. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct. Staff Signature: Date:

Update Chart

Step 6/Photos: Chart # 13128247259145 Photos

Myra Terrell

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 13128247333278 History
Chart ID#: 13128247333278
Date Created: 2011-03-07 18:06:38.78

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2011-03-07 18:06:36.133	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-03-07 18:06:38.737	Step 1 Completed	ALCMD259
2011-03-07 18:06:38.78	Chart Created	ALCMD259
2011-03-07 18:08:01.863	Step 2 Completed	ALCMD259
2011-03-07 18:08:01.867	Skin Type Assessment Submited	ALCMD259
2011-03-07 18:08:27.51	Step 3 Completed	ALCMD259
2011-03-07 18:08:27.517	Treatment Record Q1 Completed	ALCMD259
2011-03-07 18:09:02.163	Step 4 Completed	ALCMD259
2011-03-07 18:09:02.163	Treatment Record Q2 Completed	ALCMD259
2011-03-07 18:10:40.163	Chart Laser Test Settings Submitted	ALCMD259
2011-03-07 18:25:16.34	Step 5 Completed	ALCMD259
2011-03-07 18:25:16.343	Treatment Record Settings Completed	ALCMD259
2011-03-07 18:25:23.217	Photo Uploaded	ALCMD259

Step 1:									
LASER SKI	NCARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcon	
Announcements	Scheduler v	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
Applications v	SiteMap						QUICK LINKS >>	Click Here	To Select v
Create Cha	t For Patient	:					1 - 2	- 3 - 4	- ③
Procedures									
Select Proce	dure(s) for Chart	*P	lease select the pro	cedure that	will be treated in this chart.				
Update Chart I	Procedure								

LASER SKII	NCARE				Monday, May 0	9, 2011			ALCP			Application be: [Logo:
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser		Marketing v	Call Cente	rv	Produc	t v	Email
	•			•				QUICK LINKS	>>	Clic	k Here	To Selec
Skin Type A	ssessment F	orm						1	- ② -	3 -	4	- ③
					Please verify th	e questions	highlighted in	this color are	correct	before	proce	eding.
Genetic Disposi 1. What is the c	tion olor of your eyes	?										
Light BI	ue, Green	○ Gray		O Blue		Dark	Brown	Brow	n/Black			
_	natural hair colo											1
Sandy F		O Blond	e	Chestn	ut/Dark Blonde	Darl	Brown					
O Reddish	olor of your skin	e O Very F	On lo	O Pale		a lieb	. 0	- 5-4	n			
4. Do you have		O Very	raie	O Pale		O Light	Brown	⊙ Dark	Brown			
O Many	nconc.	 Sever 	al	O Few		O Incid	lental	⊙ None				
Reaction to Sur	Exposure							•				
	over exposed to	the sun how wo	uld your skin ı	eact?								
-	s/Blistering/Peels	_	ring/Peeling	O Burns 9	iometimes/Peels	Rare	ly Burns	Never	Burns			- 1
_	ee does your skir											
⊙ Harldy/I		O Light (Medium 	Tan	Tans	Easily	Turns	Dark Br	own Qu	ickly	
•	prown within sev		•			•						
⊙ Never	ur face react to ti	○ Seldor	n	 Sometii 	nes	Ofte	n	O Alway	/\$			
O Very Sei		○ Sensit	ive	Normal ■ Normal			Resistant	O No Pr	oblem		•	
Tanning Habits	D.C.T.C.	O Scrisic		O Monna		O Very	ixesistant	0 140 FI	DUICITI			
	ur last exposure	to sun, lamps o	r cream?									1
-	an 3 Months	O 2 to 3		0 1 to 2 N	fonths	O Less	Than 1 Month	O Less	Than 2 W	/eeks		
2. Was the treat	ment area expos	ed?										- 1
O Never		O Hardly	Ever	Someting	nes	O Ofter	n	⊙ Alway	'S			
Heritage												
If Father is of Afric	can American or Eas	st Indian descent a	add					☑ 10 Po	ints			
If Mother is of Afri	can American or Ea	st Indian descent	add					☑ 10 Po	ints.			
If Latin American,	Asian-Pacific Island	lers, Mediteranean	, or native or ind	igenous to the	: Americas add			☐ 5 Poir	ıts			
				•	·							
Summary												
Total Score Skin Type Score	46		L	ipdate Assessn	nent							٠
Skin Type Score												
0 to 8 9 to 16	- I							-				
17 to 24	- 111											
25 to 30	- IV											
31 to 34	- v !											

spacer

3: LASER SKIN							A	LCPartner Schedule	r Applicati
LASER SKIN	CARE				Monday, May 09, 2011			Welcome rcor	
nnouncements pplications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Ema
•	-						QUICK LINKS >>	Click Her	e To Sele
reatment R	ecord Ques	tionnaire 1					① - ②) - (3) - (4)	· (3)
Patient Informat									
Patient Name: Freatment Area:		a Terrell			Please verify t	ne questions hig	hlighted in this co	lor are correct	before
Treatment Numb					proceeding.				
Skin Type:	VI								
Please fill out qu	estions 1-10								
•				ter at a sala	and the same of th				0
Have you bee	n diagnosed with	diabetes, lupus, sa	arcoidosis, cancer, s	KIN disorder	, seizure disorder, numbness in	ne area to be trea	ted, HIV positive or n	nultiple sclerosis	, ,
Yes [⊙] No	specify: N/A								
• • •	e Specify. IN/A								
		ny internal metal d	evice?* O Yes	⊙ No					
If YES, please	e specify: N/A								
 Are you or do 	you think you ma	y be pregnant?*	O Yes ⊙ No						
4									
Have you ever			* O Yes ⊙ No						
If YES, do you	have Valtrex at h	nome? O Yes	⊙ _{No}						
5. Please list all	medications, ever	n those over-the-co	ounter medications	and medicin	al herbs you take:				
Maxide, Trian	ncinolone on scalp)							
6. Are vou tan?*	. O Yes ⊙ No								
			tions applied, and/o	r tanning bo	oth exposure to the area we wil	treat today?* Ov	er a month		
7									
Are you on Ac	ccutane?* O Ye	s [©] No							
8. ,,			nopause?* O Yes	- @ N-					
	specify: N/A	inges including me	nopause?" • re	5 - 140					
_									
Are you on ch		therapy?* O Ye	s [⊙] No						
If YES, please	specify: N/A								
10. Do you have v	vitiligo or a history	of vitiligo?* ○	Yes [⊙] No						
Date: Si	ignature:								
		-		,					
		1	< 1.	A	. 0				
	مس	VIA A	1.5		\				
03/07/2011	T	M	1 1	U\/	Ill		1		
03/07/2011	5	my	~ \b	V/	Ull	-	Upd	ate Questionnaire -	>

^{*} These Are Required Fields

LASER SKI					Monday, May 09, 2011			CPartner Schedule Welcome room	nbe: [Logou
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
							QUICK LINKS >>	Click Her	o To Selec
Treatment	Record Que	stionnaire 2					1 . 2	- 3 - 4	- (3)
Patient Inform	ation								
Patient Name:		Myra Terreli							
Treatment Area	3:	Chin							
Treatment Nun	nber:	1	}						
Skin Type:		VI							
Have photosIs patient tar Date of last e	been taken?* © BY YOUR ASSESS exposure: More	Yes ONo (Ta SMENT?* OYes	ike before all treatn		ducts to your patient.				
5. How long did	patient stay pink? from last treatme	* 0 - 10 Mins							
		tic cream2* O Ve	s [⊙] No If yes,	, wipe off wi	th water thoroughly				Ì

Update Questionnaire 2--->

^{*} These Are Required Fields

nnouncements	NCARE					Monday, May 09, 2011		ALC	Partner Scheduler Ap Welcome rcombe:	
	Scheduler v SiteMap	Database :	v Accoun	iting v	HR v A	nerican Laser Learning v	Marketing v	Call Center v	Product v	Emo
pplications v	Sitemap							QUICK LINKS >>	Click Here To	Sele
reatment F	Record Lase	er Settings	;					1 . 2	- 3 - 4 -	③
Client Informat	ion					Laser Hair Removal C	Chart			
Client Name:		Myra Terre	ell .		ĺ	Skin Type:	VI			
DOB:		10/24/58 Rockville			1	Hair Color: Treatment Area:	Black Chin			
Center Name: Technician: (Em	nployee ID)	2640				Is Client Tan?:	NO			
Laser for Proce Laser Selected		it (NEW)								
Laser Test Area					\neg					
ID 13128247000361	Test Area Face - Left fore	head or behind e	ars							
Laser Test Setti			Skin Type	RF	OF	P Type	ISL	ISM	Laser	
# ID 3 131282		ite /07/2011	√I Type	F 10	F 10	Long	15	F 10	Aurora/Ameriligh	nt
3 131202				T 25	T 16			T 12	(NEW)	
Laser Hair Rem			Ckin Tuna	RF	OF	P Type	ISL	ISM	Laser	
# ID 3 13128247	Dat	ce 07/2011	Skin Type VI	25	10	Long	15	0 - 12	Aurora/Ameriligh (NEW)	t
Notes Test spotte	d for next	tx. at Lor	ng, OF 11,	RF 25,	ISL% 15,	Ism's 9-12.				
Notes Test spotte	d for next	tx. at Lor	ng, OF 11,	RF 25,	ISL% 15,	Ism's 9-12.				
Test spotte	acr	tx. at Lor	ng, OF 11,	RF 25,	ISL% 15,	Ism's 9-12.		1		
Test spotte	ons 1-5		ng, OF 11,	RF 25,	ISL% 15,	Ism's 9-12.				
Test spotter Answer Questic 1. Was dient dou	ons 1-5 ble passed?	O Yes [⊙] No			ISL% 15,	Ism's 9-12.				
Answer Question 1. Was client dou 1a. Was skin type	ons 1-5 ble passed? (if skin	○ Yes ③ No	or 11,		ISL% 15,	Ism's 9-12.				
Answer Questic 1. Was client dou 1a. Was skin type 2. Was ice pack a	ons 1-5 ble passed? changed (if skin	○ Yes ○ No type I - III)? es ○ No	○ Yes ② N	do		Ism's 9-12.				
Answer Question 1. Was client dound 1a. Was skin type 2. Was ice pack and 3. Post Treatmen	ons 1-5 ble passed? changed (if skin pplied? ct skin reaction?	O Yes O No type I - III)? es O No mild pinkness v	○ Yes ⊙ N	do		Ism's 9-12.				
Answer Question 1. Was dient dou 1a. Was skin type 2. Was ice pack a 3. Post Treatmen 4. AmeriPure Post	ble passed? changed (if skin pplied? t skin reaction? t Treatment Lotio	Yes No stype I - III)? es No mild pinkness von applied?	○ Yes ○ No	do		Ism's 9-12.				
Answer Questic 1. Was client dou 1a. Was skin type 2. Was ice pack a 3. Post Treatmen 4. AmeriPure Post 4a. AmeriPure su	ons 1-5 ble passed? changed (if skin pplied? t skin reaction? t Treatment Lotion block applied?	O Yes O No I type I - III)? es O No mild pinkness voor applied? O Yes	○ Yes ○ N which subsided ○ Yes ○ No	ko within 10 m	inutes					
Answer Question 1. Was dient dou 1a. Was skin type 2. Was ice pack a 3. Post Treatmen 4. AmeriPure Post	ons 1-5 ble passed? changed (if skin pplied? t skin reaction? t Treatment Lotion block applied?	O Yes O No I type I - III)? es O No mild pinkness voor applied? O Yes	○ Yes ○ N which subsided ○ Yes ○ No	ko within 10 m	inutes					
Answer Questic 1. Was client dou 1a. Was skin type 2. Was ice pack a 3. Post Treatmen 4. AmeriPure Post 4a. AmeriPure su	bns 1-5 ble passed? changed (if skin pplied?	O Yes O No a type I - III)? es O No mild pinkness v on applied? O Yes O ten verbally and v	○ Yes ○ No which subsided ○ Yes ○ No No written-on first	ko within 10 m	inutes					
Answer Questic 1. Was client dou 1a. Was skin type 2. Was ice pack a 3. Post Treatmen 4. AmeriPure Post 4a. AmeriPure su 5. Post Instruction	bns 1-5 ble passed? changed (if skin pplied?	Yes No n type I - III)? es No mild pinkness v on applied? Yes Yes en verbally and v	○ Yes ○ No which subsided ○ Yes ○ No No written-on first	ko within 10 m	inutes					

Step 6/Photos: Chart # 13128247333278 Photos

Myra Terrell

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 13128247333482 History
Chart ID #: 13128247333482
Date Created: 2011-03-07 18:25:34.257

Transactions	Processed
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I I III I I I I I I I I I I I I I I I		
Date Actioned	Action Taken	Actioned By
2011-03-07 18:25:31.12	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-03-07 18:25:34.217	Step 1 Completed	ALCMD259
2011-03-07 18:25:34.257	Chart Created	ALCMD259
2011-03-07 18:25:34.467	Step 2 Completed	ALCMD259
2011-03-07 18:25:34.47	Skin Type Assessment Submited	ALCMD259
2011-03-07 18:25:34.487	Step 3 Completed	ALCMD259
2011-03-07 18:25:34.49	Treatment Record Q1 Completed	ALCMD259
2011-03-07 18:25:34.637	Step 4 Completed	ALCMD259
2011-03-07 18:25:34.66	Treatment Record Q2 Completed	ALCMD259
2011-03-07 18:25:51.657	Chart Laser Test Settings Submitted	ALCMD259
2011-03-07 18:26:46.273	Step 5 Completed	ALCMD259
2011-03-07 18:26:46.317	Treatment Record Settings Completed	ALCMD259
2011-03-07 18:26:54.597	Photo Uploaded	ALCMD259

Step 1:	NCARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcom	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
жирисацонь v	Siteriap						QUICK LINKS >>	Click Here	To Select v
Create Char	t For Patient						1 - 2	- ③ - ④	- ③
Procedures									
Select Proce	dure(s) for Chart:		* Please select the proc	cedure that	will be treated in this chart.				
Update Chart F	Procedure								

LASER SKI	NCARE				Monday, May 09	, 2011		ALCF	Partner Schedule Welcome rcor	
announcements	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser L	earning v	Marketing v	Call Center v	Product v	Emai
фрисацов •	311311 4							QUICK LINKS >>	Click Her	e To Sele
Skin Type A	ssessment F	orm						1 - 2	- (3) - (4)	- ③
					Please verify the	e questions	highlighted in	this color are correc	t before pro	ceeding
Genetic Dispos	ition color of your eyes	e?	1							
O Light B		o Gray		O Blue		Darl	c Brown	⊙ Brown/Black	;	
	natural hair colo			•		•				
 Sandy I 		 Blond 	e	Chestn	ut/Dark Blonde	O Darl	(Brown	Black		
-	color of your skin	1?								
 Reddisl 	n	Very	Pale	Pale		O Ligh	t Brown	 Dark Brown 		
4. Do you have	freckles?									
Many		Sever	al	Few		Incident	dental	None		
Reaction to Su										
1. If you where	over exposed to	the sun how w	ould your skin r	eact?						
 Rednes 	s/Blistering/Peels	 Bliste 	ring/Peeling	O Burns 9	iometimes/Peels	 Rare 	ely Burns	 Never Burns 		
_	ree does your ski					_				
⊙ Harldy/			Color Tan	Mediun	n Tan	○ Tan:	s Easily	Turns Dark E	Brown Quickly	
•	brown within sev		-							
Never		 Seldo 	m	 Someti 	nes	Ofte	n	Always		
-	ur face react to t							- 11 5 11		
Very Se	ensitive	 Sensi 	tive	Normal		O Very	Resistant	O No Problem		
Tanning Habits			_							
•	our last exposure			O 1 to 2 l		O Loca	Than 1 Month	O Less Than 2	Moder	
	han 3 Months tment area expos	O 2 to 3	Months	() 1 (0 2 1	TORLINS	O Less	FIIAN I MONCH	O Less Hidil 2	vveeks	
2. was the trea	unent area expo	o Hardì ⊖ Hardì	v Ever	 Someti 	TIPS	O Ofte	n	⊙ Always		
		O Tianda	y 2 vei	O Suricu				@ 7.1.1 0 73	7	
Heritage										
If Father is of Afr	ican American or Ea	ast Indian descent	add							
If Mother is of Af	rican American or E	ast Indian descent	add					□ 10 Points		
If Latin American	, Asian-Pacific Islan	ders, Mediteranea	n, or native or indi	genous to the	e Americas add			□ 5 Points		
								· · · · · · · · · · · · · · · · · · ·	J	
Summary										
Total Score			<u> </u>	lpdate Assessr	nent					
Skin Type Scor	e 36									
Skin Type Scor	e Skin Type						•			
0 to 8	- I									
9 to 16	- II						•			
17 to 24	- III									
25 to 30 31 to 34	- IV									
35 and over	- VI									

spacer

LASER SKI	NC ARE				Monday, May 09, 2011		ALC	Partner Schedul Welcome rco	er Application mbe: [Logout
unnouncements	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
ppiications v	·					Ť	QUICK LINKS >>	Click He	re To Select
reatment f	Record Ques	tionnaire 1					① - ②	- 3 - 4) · (3)
Patient Informa Patient Name: Treatment Area Treatment Num Skin Type:	Myra : Jaw	a Terrell			Please verify th proceeding.	e questions hig	hlighted in this colo	or are correct	t before
Please fill out q	uestions 1-10								
1. Have you be	en diagnosed with	diabetes, lupus, sa	rcoidosis, cancer,	skin disorder	, seizure disorder, numbness in th	e area to be trea	ted, HIV positive or mu	ıltiple sclerosis	5?* 0
Yes [⊙] No	-								
	a pacemaker or a se specify: N/A	ny internal metal d	evice?* O Yes	⊙ _{No}					
3. Are you or d	• lo you think you ma	y be pregnant?*	O yes ⊙ No						
	er had a cold sore								
	ou have Valtrex at I								
	Il medications, eve mcinolone on scal		ounter medications	and medicin	al herbs you take:				
6. Are you tan? When was y	r∗ O Yes [⊙] No our last sun exposi	o ure, self-tanning lo	tions applied, and/o	or tanning bo	ooth exposure to the area we will	treat today?* Ov	er a month		
7. Are you on A	Accutane?* O Ye	s O No							
	d any hormonal ch se specify: N/A	anges including me	nopause?* O Ye	es ⊙ No					
9. Are you on o	themo or radiation se specify: N/A	therapy?* O Yes	s [⊙] No						
10. Do you have	vitiligo or a histor	y of vitiligo?* O	Yes [⊙] No						
Date: S	Signature:								
03/07/2011	5	my	1		rell		Updat	e Questionnaire	> ¦

^{*} These Are Required Fields

LASER SKI	NCARE				Monday, May 09, 2011		AL	CPartner Scheduler Welcome room	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
	•						QUICK LINKS >>	Click Here	To Select
Treatment	Record Ques	stionnaire 2					① - ②) - ③ - ④	- ③
Patient Inform	ation								
Patient Name:		Myra Terrell							
Treatment Area		Jaw							
Treatment Nun Skin Type:	nber:	VI							
Please fill out o	uestions 1-8								
1. Is patient on	AmeriPure Skin Ca	_{ire?*} O _{Yes} ⊙	No If no, then in	troduce pro	ducts to your patient.				
2. Have photos	been taken?* ◎	Yes O No (Ta	ke before all treatn	nents)					
	BY YOUR ASSESS	MENT?* O Yes	[⊙] No						
4. Client comme	ents on hair reduct	ion: 10 - 19% Mild							
	patient stay pink? from last treatme								
minimal resu									
6. Did patient u	se topical anesthel	tic cream?* O Ye	s [⊙] No If yes,	wipe off wi	th water thoroughly.				
									1

Update Questionnaire 2--->

^{*} These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247333482. Chart completed on 03/07/2011 for treatment at the Rockville clinic. Step 5: ALCPartner Scheduler Application 1 Welcome rcombe: [Logout] LASER SKINCARE Monday, May 09, 2011 Product v Email HR v American Laser Learning v Marketing v Call Center v Announcements Scheduler v Database v Accounting v SiteMap Applications v QUICK LINKS >> Click Here To Select v **Treatment Record Laser Settings** 1 - 2 - 3 - 4 - 5 Client Information Laser Hair Removal Chart Client Name: Myra Terrell Skin Type: ٧ī Hair Color: Black 10/24/58 DOB: Rockville Treatment Area: Jaw Center Name: Technician: (Employee ID) 2640 Is Client Tan?: NO Laser for Procedure Laser Selected Aurora/Amerilight (NEW) Laser Test Area
Test Area 13128247000484 Face - Left forehead or behind ears Laser Test Settings ISL Skin Type P Type Laser # ID Date F 10 F 10 Fo. Aurora/Amerilight 15 3 13128247333482 03/07/2011 Long (NEW) Laser Hair Removal Chart Settings P Type RF OF ISL ISM Skin Type Laser # ID Date Aurora/Amerilight 3 13128247333482 03/07/2011 25 10 Long 15 0 - 12 (NEW) Notes Test spotted, for next tx. AT OF 11, RF 12, Long, Isl%15, Ism's 9-12. Answer Questions 1-5 1. Was client double passed? ○ Yes ⊙ No 1a. Was skin type changed (if skin type I - III)? $^{\circ}$ Yes $^{\circ}$ No 3. Post Treatment skin reaction? mild pinkness which subsided within a few minutes ⊙ Yes ○ No 5. Post Instructions have been given verbally and written-on first treatment? I verify that this form is complete and correct. Date: Staff Signature: 03/07/2011 Update Chart

Step 6/Photos: Chart # 13128247333482 Photos

Myra Terrell

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 13128247451096 History
Chart ID #: 13128247451096
Date Created: 2011-03-29 18:02:47.143

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2011-03-29 18:02:42.49	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-03-29 18:02:47.097	Step 1 Completed	ALCMD259
2011-03-29 18:02:47.143	Chart Created	ALCMD259
2011-03-29 18:02:52.75	Step 2 Completed	ALCMD259
2011-03-29 18:02:52.76	Skin Type Assessment Submited	ALCMD259
2011-03-29 18:02:55.803	Step 3 Completed	ALCMD259
2011-03-29 18:02:55.813	Treatment Record Q1 Completed	ALCMD259
2011-03-29 18:03:07.14	Step 4 Completed	ALCMD259
2011-03-29 18:03:07.14	Treatment Record Q2 Completed	ALCMD259
2011-03-29 18:03:15.25	Step 5 Completed	ALCMD259
2011-03-29 18:03:15.26	Treatment Record Settings Completed	ALCMD259
2011-03-29 18:03:33.13	Step 5 Completed	ALCMD259
2011-03-29 18:03:33.133	Treatment Record Settings Completed	ALCMD259

Update Chart Procedure

Myra Terrell (Patient ID 1312824) Chart number 13128247451096. Chart completed on 03/29/2011 for treatment at the Rockville clinic.

ALCPartner Scheduler Application 1 Welcome rcombe: [Logout] LASER SKINCARE Monday, May 09, 2011 Marketing v Call Center v American Laser Learning v HR v Scheduler v Database v Accounting v SiteMap Applications v Click Here To Select v QUICK LINKS >> 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. Microderm

nouncements plications v	Scheduler v	Database v	Accounting v	HR v	Monday, May 09, American Laser Le	•	Marketing v	Call Cent	ter v	Welcome rcon Product v	Email
	SiteMap	Database V	Accounting	*****	Miletinati Savar S.						To Selec
								QUICK LINK	_		_
kin Type As:	sessment F	orm						Ü) - (2)	- ③ - ④	- (5)
					Please verify the	e questions	highlighted in	this color ar	e correc	t before pro	eeding.
enetic Dispositi	ion Ior of your eyes	 i?									
O Light Blue		○ Gray		O Blue		Dar	k Brown	Bro	wn/Black		
	atural hair colo	r?									
 Sandy Re 	d	Blond	le ·	 Chestnu 	t/Dark Blonde	Dar	k Brown	Bla	ck		
. What is the co	lor of your skin	?									
 Reddish 		○ Very	Pale	Pale		O Ligh	it Brown	⊙ Dai	rk Brown		
. Do you have fi	recktes?										
Many		 Sever 	ral	Few		O Inci	dental-	Nor	ne		
eaction to Sun l . If you where o	Exposure over exposed to	the sun how w	ould your skin r	eact?							
Redness/	Blistering/Peels	Bliste	ring/Peeling	Burns S	ometimes/Peels	Ran	ely Burns	Ne Ne	er Burns		
. To what degre	e does your ski					_		_			
⊙ Harldy/No			Color Tan	Medium	Tan	O Tan	s Easily	O Tur	ns Dark t	Brown Quickly	
•	own within sev							- 41			
⊙ Never		O Seldo	m	 Sometin 	nes	Ofte	en	O Alv	vays		
•	r face react to ti		• •	a Named		a \/	. Desistant	o No	Omblom		
Very Sens	sitive	Sensi	tivė	Normal		O ven	Resistant	() IND	Problem		
anning Habits											
	r last exposure		Months	O 1 to 2 M	onths	∩ les	s Than 1 Month	∩ Les	s Than 2	Weeks	
⊙ More Tha	n 3 Monus nent area expos	-	a majas	0 1021	Oittis	() Les	s man i monon	0		TTCCIO	
. was the treath	nent area expes	O Hardi	v Ever	Someting	nes	O Ofte	en	O Alv	vays		
			,							1	
leritage		et Indian daggant	add					☑ 10	Points		
	an American or Ea										
Mother is of Afric	an American or Ea	ast Indian descent	add					10	Points		
Latin American, A	Asian-Pacific Island	ders, Mediteranea	n, or native or ind	igenous to the	Americas add			□ 5 P	oints		

LASER SKI	NCARE				Monday, May 09, 2011		ALC	Partner Sche Welcome		
nnouncements polications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product	v	Email
pplications v	Siteriap						QUICK LINKS >>	Click	Here To) Select
reatment i	Record Que	stionnaire 1					① - ②	- 3 -	4	(3)
Patient Inform Patient Name: Treatment Are: Treatment Nun Skin Type:	My 3: Mi	ra Terrell croderm			Please verify th proceeding.	e questions hig	phlighted in this cold	or are corr	ect bef	fore
Please fill out o	uestions 1-10									
Yes [⊙] No		h diabetes, lupus, si	arcoidosis, cancer, s	kin disorder	, seizure disorder, numbness in th	ne area to be trea	ited, HIV positive or mu	ultiple sclero	osis?*	0
	e a pacemaker or se specify: N/A	any internal metal d	evice?* O Yes	No No				•		
3. Are you or o	lo you think you m	ay be pregnant?*	O _{Yes} ⊙ _{No}							
•		in treatment area?								
		home? O Yes								
	II medications, ev imcinolone on sca	en those over-the-c lp	ounter medications a	and medicin	al herbs you take:		•			ŀ
6. Are you tan When was y	?* ○ Yes ⊙ r our last sun expo	lo sure, self-tanning lo	tions applied, and/or	r tanning bo	oth exposure to the area we will	treat today?* Ov	ver a month			
7. Are you on a	Accutane?* O	'es [⊙] No								
	nd any hormonal cose specify: N/A	hanges including me	nopause?* O Yes	s [⊙] No	1					
	chemo or radiation se specify: N/A	therapy?* O Ye	s ⊙ No							İ
10. Do you have	e vitiligo or a histo	ry of vitiligo?*	Yes [⊙] No							
Date:	Signature:									
03/29/2011							Updat	e Questionna	aire>	_

^{*} These Are Required Fields

LASER SKIN			A	HRV	Monday, May 09, 2011 American Laser Learning v	Marketing v	ALCI Call Center v	Partner Schedule Welcome rcon Product v	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	nk v	American Laser Learning V	marketing v			e To Selec
Treatment R	ecord Que	stionnaire 2					QUICK LINKS >>	- 3 - 4	
Patient Informat	tion								
Patient Name:		Myra Terrell							
Treatment Area:		Microderm	i						
Treatment Numb	ber:	1 V							
Please fill out qu									
									i
1. Is patient on A	AmeriPure Skin Ca	are?* [⊙] Yes [○]	No If no, then in	ntroduce pro	ducts to your patient.				
'		_{are?*}			ducts to your patient.				
Have photos be Is patient tan I	een taken?* ⊙	Yes ONo (Ta	ke before all treatr		ducts to your patient.				
Have photos be Is patient tan I Date of last ex	een taken?* [©] BY YOUR ASSES! cposure: More	Yes ONo (Ta	ke before all treatr No		ducts to your patient.				
2. Have photos be 3. Is patient tan boate of last ex 4. Client commen 5. How long did p	een taken?* [©] BY YOUR ASSESS coosure: More	Yes No (Ta SMENT?* Yes Than A Month ent: 20 - 49% Mod	ke before all treatr No		ducts to your patient.				
2. Have photos be 3. Is patient tan boate of last ex 4. Client commen 5. How long did p	BY YOUR ASSES! Coposure: More onts on improvements and improvements are a supplicated and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements are a supplicated and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements and improvements ar	Yes No (Ta SMENT?* Yes Than A Month ent: 20 - 49% Mod	ke before all treatr No		ducts to your patient.				
2. Have photos be 3. Is patient tan to Date of last ex 4. Client comments. How long did pany concerns to N/A.	BY YOUR ASSES: coposure: More nts on improvement patient stay pink? from last treatment	Yes O No (Ta SMENT?* O Yes Than A Month ent: 20 - 49% Mod 2* O - 10 Mins ent?	ke before all treatr O No erate	ments)					
2. Have photos be 3. Is patient tan I Date of last ex 4. Client commen 5. How long did particular and concerns for N/A 6. Did patient use	BY YOUR ASSES:	Yes O No (Ta SMENT?* O Yes Than A Month ent: 20 - 49% Mod 2* O - 10 Mins ent?	erate No No If yes	ments)	ducts to your patient.				

Update Questionnaire 2--->

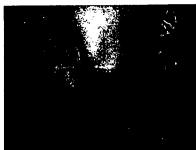
^{*} These Are Required Fields

LASER SKI	NGARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcon	
nnouncements	Scheduler v	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
pplications v	SiteMap	•					QUICK LINKS >>	Click Here	To Select
reatment l	Record Las	er Settinas					(1) - (2)	- (3) - (4)	
Client Informa					Microdermabrasion C	hart			
Patient Name:		Myra Terrell			Skin Type:	V			
DOB:		10/24/58			Hair Color:	Black			
Center Name:		Rockville			Treatment Area:	Microder	m		
Technician: (Er	nployee ID)	2624			Is Client Tan?:	NO			
	sion Chart Satt	·							
# ID	sion Chart Sett	Date	Body Par	t	Treatment Settings		\neg		
	247451096	03/29/2011	Face		10 - 10				
Answer Questic									
Post Treatment	it skin reaction?	good				·			
2. AmeriPure Pos	t Treatment Lotic	on applied? O Ye	s O No						
2a. AmeriPure su	in block applied?								
3. Post Instruction	ns have been giv	en verbally and writte	en-on first treatmer	nt? ⊙ Y	es O No				
I verify that thi	is form is comp	lete and correct.							
Date:	Staff Signature	:							
03/29/2011	7	$\overline{\mathcal{M}}$.	<i>F</i>	HT			Update Chart	

Step 6/Photos: Chart # 13128247451096 Photos

Myra Terrell

[Close Window]



2011-03-29 19:01:51.313





2011-03-29 19:01:53.687

Action:

[Return To Client Charting]

Patient Chart ID 13128247567261 History

Chart ID #: 13128247567261

Date Created: 2011-04-20 16:59:46.97

Transactions Processed		
Date Actioned	Action Taken	Actioned By
2011-04-20 16:59:42.533	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-04-20 16:59:46.967	Step 1 Completed	ALCMD259
2011-04-20 16:59:46.97	Chart Created	ALCMD259
2011-04-20 17:20:52.55	Step 2 Completed	ALCMD259
2011-04-20 17:20:52.58	Skin Type Assessment Submited	ALCMD259
2011-04-20 17:22:12.743	Step 3 Completed	ALCMD259
2011-04-20 17:22:12.75	Treatment Record Q1 Completed	ALCMD259
2011-04-20 17:22:35.4	Step 4 Completed	ALCMD259
2011-04-20 17:22:35.4	Treatment Record Q2 Completed	ALCMD259
2011-04-20 17:23:06.457	Chart Laser Test Settings Submitted	ALCMD259
2011-04-20 17:28:21.85	Step 5 Completed	ALCMD259
2011-04-20 17:28:21.907	Treatment Record Settings Completed	ALCMD259
2011-04-20 17:28:45.857	Photo Uploaded	ALCMD259

Step 1: LASER SKINCARE ALCPartner Scheduler Application 1 Welcome rcombe: [Logout] Monday, May 09, 2011 Product v American Laser Learning v Marketing v Call Center v HR v Accounting v Scheduler v Database v Announcements SiteMap Applications v 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. Chin Update Chart Procedure

LASER SKIN	ICARE				Monday, May 09	2011		ALCP	artner Scheduler Welcome rcom	
innouncements	Scheduler v	Database v	Accounting v	HR	American Laser L	earning v	Marketing v	Call Center v	Product v	Email
pplications v	SiteMap							QUICK LINKS >>	Click Here	To Selec
Skin Tyna Ac	ssessment F	orm						(1) - (2)	(3) - (4)	- (5)
· · · · · · · · · · · · · · · · · · ·	33033111011011	O			Please verify the	auestions	hiahliahted in	this color are correct		_
Genetic Disposit	tion olor of your eyes	?								1
O Light Blu		Gray		O Blue	:	O Dar	k Brown	 ⊕ Brown/Black 		
	natural hair colo									
O Sandy R		O Blond	ie	O Che	stnut/Dark Blonde	Dar	k Brown	Black		
• .	olor of your skin	?								
 Reddish 		Very	Pale	O Pale	!	O Ligh	t Brown	 Dark Brown 		
l. Do you have t	freckies?									
O Many		 Seve 	ra!	Fev	<i>i</i>	Inci	dental	None		
leaction to Sun		the our boil w	ould vour chin r	eact2						
•	over exposed to				ns Sometimes/Peels	O Par	ely Burns	 Never Burns 		
	s/Blistering/Peels		ering/Peeling	O Bui	is surretines/reeis	O Itali	ciy buriis	G Never barris		
_	ee does your ski		Color Tan	∽ Me	fium Tan		s Easily	O Turns Dark B	rown Ouickly	
⊙ Harldy/N	not at all Drown within sev			O ME	num ton	O Tan	3 Lasily	O Tanis Dark o	rovin Quicidy	
o. Do you turn u ⊙ Never	NOWII WILLIII 264	O Seldo		∩ Son	netimes	O Ofte	•n	 Always 		
	ur face react to t	-	4 11	() Ju.	ictines	0 0		Q //2		
O Very Ser		∩ Sens	itive	⊙ Nor	mal	⊖ Ven	/ Resistant	O No Problem		
• .	ISICIVE.	Ç 30.1.5		O 1.10.		•		•		
lanning Habits L. When was vo	ur last exposure	to sun. lamps o	r cream?			•				
•	an 3 Months		3 Months	O 1 to	2 Months	O Less	s Than 1 Month	O Less Than 2	Weeks	
	ment area expos	-		•		_				
O Never		O Hard	ly Ever	O Son	netimes	⊙ Ofte	en	O Always		
leritage										
f Father is of Afric	can American or Ea	st Indian descent	add					10 Points		
f Mother is of Afri	ican American or Ea	ast Indian descen	t add					□ 10 Points		
	Asian-Pacific Island			genous to	the Americas add			☐ 5 Points		
			<u> </u>						•	
ummary										
Total Score	<u> </u>		L	pdate Ass	essment					
Skin Type Score	35									
Skin Type Score	Skin Type									
0 to 8	- I									
9 to 16	- II -									
17 to 24	- III									
25 to 30 31 to 34	- IV									
31 (0 34	- vī									

spacer

LASER SKIN	CARE				Monday, May 09, 2011		ALC	Partner Schedule: Welcome rcon	
nnouncements	Scheduler v	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
pplications v	SiteMap	• • • • • • • • • • • • • • • • • • • •			·	_	QUICK LINKS >>	Click Hor	e To Selec
							1 3	0 0	
reatment R	ecord Ques	tionnaire 1					0.6	- (3) - (4)	, (3)
Patient Informa									
Patient Name:	•	Terrell				e questions hig	hlighted in this colo	or are correct	before
Treatment Area: Treatment Numl					proceeding.				
Skin Type:	VI_								
Please fill out qu									
 Have you bee 	n diagnosed with	diabetes, lupus, s	arcoidosis, cancer, s	kin disorder	, seizure disorder, numbness in t	ne area to be trea	ted, HIV positive or mu	ultiple sclerosis	?∗ ○
Yes [⊙] No									
If YES, please	specify: N/A								
2.			levice?* O Yes	0 N-					
Do you nave	a pacemaker or at e specify: N/A	ny internal metal c	levice?* Yes	O NO					
• • • • • • • • • • • • • • • • • • • •		-							
 Are you or do 	you think you ma	y be pregnant?* ·	O Yes ⊙ No						
4									
Have you eve			» O Yes ⊙ No						
If YES, do yo	u have Valtrex at I	home? O Yes	[⊙] No						
5. Please list all	medications, ever	n those over-the-c	ounter medications	and medicin	nal herbs you take:				
Maxide, Triar	ncinolone on scalp)							
j	, O Yes ⊙ No								
When was vo	ur last sun exposu) Jre. self-tanning lo	tions applied, and/o	r tanning bo	ooth exposure to the area we will	treat today?* Ov	er a month		
_			., , .	•	·				
 Are you on A 	ccutane?* O Ye	s [⊙] No							
8			. 0	.					
nave you nad		anges including m	enopause?* O Ye	s No					
If YES, please	e specify: N/A								
 Are you on cl 	nemo or radiation	therapy?* O Ye	s [⊙] No						
	e specify: N/A								
10.	vitiligo or a histor								l
Do you have	vitiligo or a histor	y of vitiligo?* ·	Yes ♥ No						
	ignature:								
Date: S		,							
Date: S	//	A							
Date: S	Z1	/}							l
	f1	4					1		
Date: S	<i>[</i> {	1					Upda	te Questionnaire	>

^{*} These Are Required Fields

LASER SKINGARE				Monday, May 09, 2011		~~	CPartner Scheduler Welcome rcon	
unnouncements Schedule	v Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
фрисации у						QUICK LINKS >>	Click Here	To Select
Freatment Record Q	uestionnaire 2					1 . 2) · ③ · ④	- ③
Patient Information	 							
Patient Name:	Myra Terrell							
Treatment Area:	Chin							
Treatment Number:	l VI							
Skin Type:	V1							
Please fill out questions 1- 1. Is patient on AmeriPure Sk 2. Have shotes been taken?*	n Care?* ○ Yes ⊙	·		ducts to your patient.				
 Is patient on AmeriPure Sk Have photos been taken?* Is patient tan BY YOUR AS Date of last exposure: M Client comments on hair research 	on Care?* O Yes O O Yes O No (Ta SESSMENT?* O Yes ore Than A Month duction: 10 - 19% Mile	eke before all treatm		ducts to your patient.				
 Is patient on AmeriPure Sk Have photos been taken?* Is patient tan BY YOUR AS Date of last exposure: M 	on Care?* O Yes O O Yes O No (Tailsessment?* O Yes ore Than A Month duction: 10 - 19% Mile sink?* 0 - 10 Mins	eke before all treatm		ducts to your patient.				
 Is patient on AmeriPure Sk Have photos been taken?* Is patient tan BY YOUR AS Date of last exposure: M Client comments on hair resolutions. How long did patient stay pany concerns from last treaters. 	on Care?* ○ Yes ○ ③ Yes ○ No (Tail SESSMENT?* ○ Yes ore Than A Month duction: 10 - 19% Milk pink?* 0 - 10 Mins others.	oke before all treatments of the before all th	nents)					

^{*} These Are Required Fields

LASER	, SKINCAHE				м	onday, May 09, 2011		ALC	Partner Schedule Welcome rcor	
Announcem		er v Database	v Accounting	v HR v	Ame	erican Laser Learning v	Marketing v	Call Center v	Product v	Email
Applications	sv SiteMap							QUICK LINKS >>	Click Her	e To Select
Treatm	ent Record L	aser Setting:	5					1) - 2	- 3 - 4) - (3)
Client Inf	ormation					Laser Hair Removal Cl				
Client Na	me:	Myra Terr	eli		İ	Skin Type:	VI Disak			
DOB: Center Na		10/24/58 Rockville				Hair Color: Treatment Area:	Black Chin			
	n: (Employee ID					Is Client Tan?:	NO			
	Procedure	rilight (NEW)								
Laser Tes										
ID 131282470	Test Area 000361 Face - Left	forehead or behind	ears							
1	t Settings ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser	
	13128247567261	04/20/2011	[VII]	F 10 T 25	F 10 T 16	Long	15	F 0 T 12	Aurora/Amer (NEW)	ilight
Laser Hai	ir Removal Chart	Settings								
# III	D 3128247567261	Date 04/20/2011	Skin Type VI	RF 23	OF 10	P Type Long	ISL 15	ISM - 7 - 12	Laser Aurora/Ameri (NEW)	ilight
L									(NEW)	
Notes										
Perttua	NP started	treatment on	client. Adv first pulse.	erse reac	tion n 1. NP c	oted post first ompleted treatme	pulse.			
Unable	to increase	OF setting t	o 11 d/t ele	vated ISM	1's. Cl	ient tolerated t	he			
rest of	procedure.	Picture take	n Aquaphor a	pplied to	site	and ice given.		_		
Answer (Questions 1-5									
1. Was clie	ent double passed?	O Yes ⊙ No								
1a. Was sl	kin type changed (il	f skin type I - III)?	O yes ⊙ No							
2. Was ice	e pack applied?	⊙ _{Yes} ○ No								
		on? mild erythema								
4. AmeriP	ure Post Treatment	Lotion applied?	⊙ Yes ○ No							
4a. Ameril	Pure sun block appl	ied? ⊙ Yes ○	No							
5. Post Ins	structions have bee	n given verbally and	written-on first trea	atment? •	Yes O	No]		
I verify t	hat this form is c	omplete and corre	ect.						-	
Date:	Staff Signa	iture:								
04/20/2	2011	M	()) le	1	h00	0	<u> </u>	Jpdate Chart	

Step 6/Photos: Chart # 13128247567261 Photos

Myra Terrell

[Close Window]



Action:

[Return To Client Charting]

Patient Chart ID 13128247567556 History
Chart ID#: 13128247567556
Date Created: 2011-04-20 17:29:04.063

Tran	eactions	Processed

Date Actioned	Action Taken	Actioned By
2011-04-20 17:28:58.85	Verified Hipaa/Consent Forms Signed	ALCMD259
2011-04-20 17:29:04.057	Step 1 Completed	ALCMD259
2011-04-20 17:29:04.063	Chart Created	ALCMD259
2011-04-20 17:29:04.207	Step 2 Completed	ALCMD259
2011-04-20 17:29:04.217	Skin Type Assessment Submited	ALCMD259
2011-04-20 17:29:04.247	Step 3 Completed	ALCMD259
2011-04-20 17:29:04.25	Treatment Record Q1 Completed	ALCMD259
2011-04-20 17:29:04.55	Step 4 Completed	ALCMD259
2011-04-20 17:29:04.583	Treatment Record Q2 Completed	ALCMD259
2011-04-20 17:29:19.54	Chart Laser Test Settings Submitted	ALCMD259
2011-04-20 17:30:12.29	Step 5 Completed	ALCMD259
2011-04-20 17:30:12.317	Treatment Record Settings Completed	ALCMD259

Step 1:									
LASER SKI	NCARE				Monday, May 09, 2011		ALC	Partner Scheduler Welcome rcom	
Announcements	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
Applications v	Sitemap						QUICK LINKS >>	Click Here	To Select v
Create Cha	rt For Patient	•			•		1 - 2	- 3 - 4	- ③
Procedures									
Select Proce	dure(s) for Chart:	*	Please select the proc	edure that	will be treated in this chart.				
Update Chart	Procedure								

LASER SKI	INCARE				Monday, May 0	9. 2011		ALCP	artner Schedule Welcome rcon	
Announcements	Scheduler v	Database v	Accounting v	HR v	American Laser	•	Marketing v	Call Center v	Product v	Ema
Applications v	SiteMap							QUICK LINKS >>	Click Here	a To Sela
Skin Type A	\ssessment F	orm						(1) - (2) -	_	_
, p					Please verify th	ne questions	highlighted in	this color are correct	•	_
Genetic Dispos				 					·	
	color of your eyes			_		_				
	liue, Green	⊖ Gray		O Blue		O Dar	k Brown	Brown/Black		
•	r natural hair colo		_	n Chart		. 0	I. D	. 6: 1		
○ Sandy		⊖ Blond	e	O Chesti	nut/Dark Blonde	O Dar	k Brown			
	color of your skin'		n la	o Dala	•	o lieb	at Decree	a Davida Davida		
O Reddis		O Very I	raic	O Pale		O ugn	it Brown	⊙ Dark Brown		
O Many	reckies	O Seven	at	O Few		O Inci	dontal	O. None		
	_	O seven	a i	OTEW		O ma	Gentai	None		
Reaction to Su 1. If you where	n Exposure e over exposed to	the sun how wo	uld vour skin r	eact?						
•	ss/Blistering/Peels		ring/Peeling		Sometimes/Peels	○ Ran	ely Burns	⊙ Never Burns		
	ree does your ski			•		• • • • • • • • • • • • • • • • • • • •	,	O 112121 221112		
⊙ Harldy/			Color Tan	O Mediu	n Tan	O Tan	s Easily	O Turns Dark B	rown Ouickly	
3. Do you turn	brown within sev	eral hours after	sun exposure?				,	-	• ,	
Never		 Seldor 	n	 Somet 	imes	O Ofte	i n	 Always 		
4. How does yo	our face react to t	he sun?								
Very Se	ensitive	 Sensit 	ive	Nama	l	Veny	/ Resistanţ	 No Problem 		
Tanning Habits	;									
1. When was ye	our last exposure	to sun, lamps o	r cream?							
More T	han 3 Months	O 2 to 3	Months	0 1 to 2	Months	O Less	Than 1 Month	Less Than 2 V	Veeks	
2. Was the trea	itment area expos	ed?								
Never		O Hardly	Ever	Somet	imes	⊙ Ofte	en	Always		
Heritage										
If Father is of Afr	ican American or Ea	st Indian descent a	add					☑ 10 Points		
If Mather is of Afr	rican American or Ea	st Indian descent	arid					☐ 10 Points		
If Latin American	, Asian-Pacific Island	iers, Mediteranear	, or native or indi	igenous to th	e Americas add			☐ 5 Points		
	·									
Summary Total Score			1.	I						
Skin Type Scor	e 35			Jpdate Assess	ment					
Skin Type Scor										
0 to 8	- 1									
9 to 16 17 to 24	- II									
25 to 30	- IV									
31 to 34	- V									
35 and over	- VI									

spacer

LASER SKI	NCARE				Monday, May 09, 2011		AU	Partner Schedule: Welcome rcon	
unnouncements	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
pplications v	экемар						QUICK LINKS >>	Click Her	e To Selec
Freatment	Record Ques	itionnaire 1					1 - 2	- 3 - 4) - (3)
Patient Inform		- "							
Patient Name: Treatment Are	•	a Terrell			Please verify the proceeding.	e questions hig	hlighted in this col	or are correct	before
Treatment Nur					proceeding.				
Skin Type:	VI								
Please fill out	questions 1-10								
1. Have you be	een diagnosed with	diabetes, lupus, sa	arcoidosis, cancer, s	kin disorder	, seizure disorder, numbness in t	he area to be trea	ted, HIV positive or m	ultiple sclerosis	?* 0
Yes [⊙] No	·=	,,,,,							
If YES, plea	se specify: N/A								1
2. Do you have	a a nacemaker or a	ny internal metal d	levice?* O Yes	⊙ No.					
	se specify: N/A	ny meeman seed o	icvice: 1C3						
3.	do you think you ma		O v 0 N-						
Are you or	do you think you ma	ay be pregnant?"	Yes O No						
4. Have you e	ver had a cold sore	in treatment area?	∗ O Yes ⊙ No						
	ou have Valtrex at								
			ounter medications	and medicin	nal herbs you take:				
	amcinolone on scal								
6. Are you tan When was	?* ○ Yes ⊙ N your last sun expos	o ure, self-tanning lo	tions applied, and/o	or tanning bo	ooth exposure to the area we will	treat today?* Ov	er a month		
7. Are you on	Accutane?* O Ye	es [⊙] No							
	ad any hormonal ch se specify: N/A	anges including me	enopause?* O Ye	s [⊙] No					
	chemo or radiation se specify: N/A	therapy?* O Ye	s [©] No						
10. Do you hav	e vitiligo or a histor	y of vitiligo?* O	Yes [⊙] No						
Date:	Signature:								
04/20/2011	A	1							

^{*} These Are Required Fields

N: 4									
LASER SKI	NCARE				Monday, May 09, 2011		ALC	CPartner Scheduler Welcome rcom	
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting v	HR v	American Laser Learning v	Marketing v	Call Center v	Product v	Email
Applications v	Situriap						QUICK LINKS >>	Click Here	To Select
Treatment F	Record Ques	tionnaire 2					1 - 2	- 3 - 4	- ③
Patient Informa									
Patient Name:		Myra Terrell							
Treatment Area	1:	Jaw							
Treatment Num		1	i						
Skin Type:		VI							
2. Have photos			ake before all treatm	nents)					1
	BY YOUR ASSESSI exposure: More T		[⊗] No						
Date of last e		han A Month							
Date of last e 4. Client comme 5. How long did	xposure: More T	han A Month on: 10 - 19% Mik 0 - 10 Mins							
Is patient tan Date of last e 4. Client comme 5. How long did Any concerns none	exposure: More T ents on hair reduction patient stay pink?* from last treatmen	han A Month on: 10 - 19% Mik 10 - 10 Mins tt?		wipe off wit	h water thoroughly.				
Is patient tan Date of last e 4. Client comme 5. How long did Any concerns none 6. Did patient us	exposure: More T ents on hair reduction patient stay pink?* from last treatmen	han A Month on: 10 - 19% Mik 10 - 10 Mins it? c cream? ⁷ O Ye	as [®] No If yes,	wipe off wit	h water thoroughly.				

Update Questionnaire 2 --->

^{*} These Are Required Fields

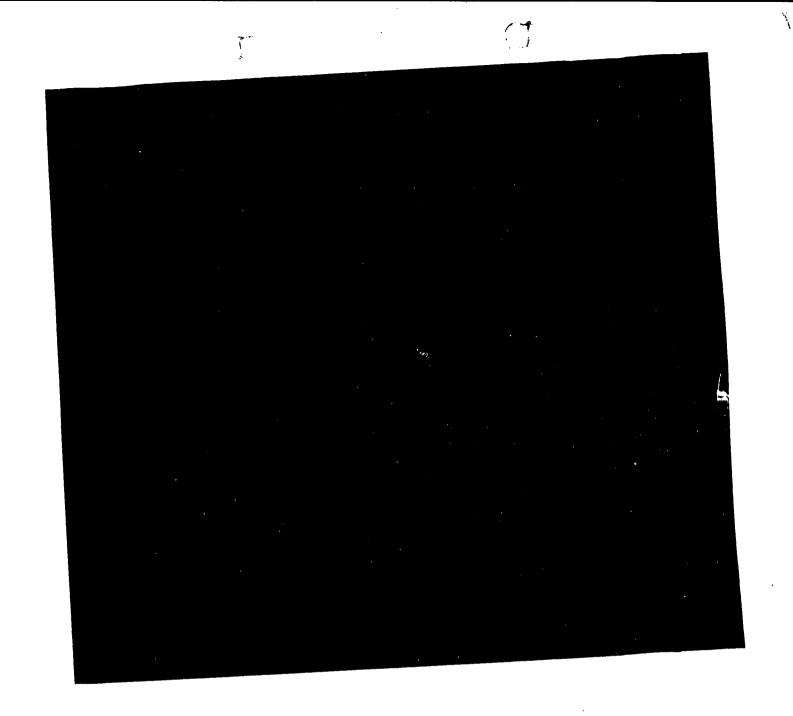
p 5: LASER SKING		D-Ambreson.	Accounting	v HR v		Monday, May 09, 2011 nerican Laser Learning v	Marketing v	Cail Center v	ALCPartner Scheduler Applica Welcome roombe: [Lo Product v Em
Announcements Applications v	Scheduler v SiteMap	Database v	Accounting	v nav	Au	nerican Laser Learning V	indi keting v		
Treatment Re	cord Lacer S	Sattings						QUICK LINKS >>	Click Here To Se 2) - (3) - (4) - (5
Client Information						Laser Hair Removal Ch	art		
Client Name:		Myra Terrell				Skin Type:	VI		
DOB:		10/24/58				Hair Color: Treatment Area:	Black Jaw		
Center Name: Technician: (Empl	oyee ID)	Rockville 3302				Is Client Tan?:	NO NO		
Laser for Procedu Laser Selected Au	re rora/Amerilight (NE	EW)							
Laser Test Area	est Area		., .						
13128247000484 F		or behind ear	5						
Laser Test Setting # ID	s Date	SI	rin Type	RF	OF	P Type	ISL	ISM	Laser
4 13128247	567556 04/20/2	2011		10 25	F 10 T 16	Long	15	F 0	Aurora/Amerilight (NEW)
Laser Hair Remov	_					D.T	TC!	ISM	1
# ID 4 1312824756	Date 57556 04/20/20			RF 23	0F 10	P Type Long	ISL 15	7 - 11	Laser Aurora/Amerilight (NEW)
client stated	discomfort rease OF set dure. Pictur s 1-5 passed? Yea nanged (if skin type	after fitting to the taken of	rst pulse. 11 d/t ele	Nicole M. vated ISM'	NP s. C	noted post first completed treatme lient tolerated t and ice given.	nt.		
4. AmeriPure Post T	reatment Lotion ap	plied? ③ y	res O No						
4a. AmeriPure sun t	olock applied? G	Yes O No							
5. Post Instructions	have been given ve	erbally and wri	tten-on first trea	tment? •	Yes C	No No		J	
I verify that this f	orm is complete	and correct.	·· ·						
Date: Sta	iff Signature:								
04/20/2011	M	C	17	sef		ell		·	Update Chart

Step 6/Photos: Chart # 13128247567556 Photos

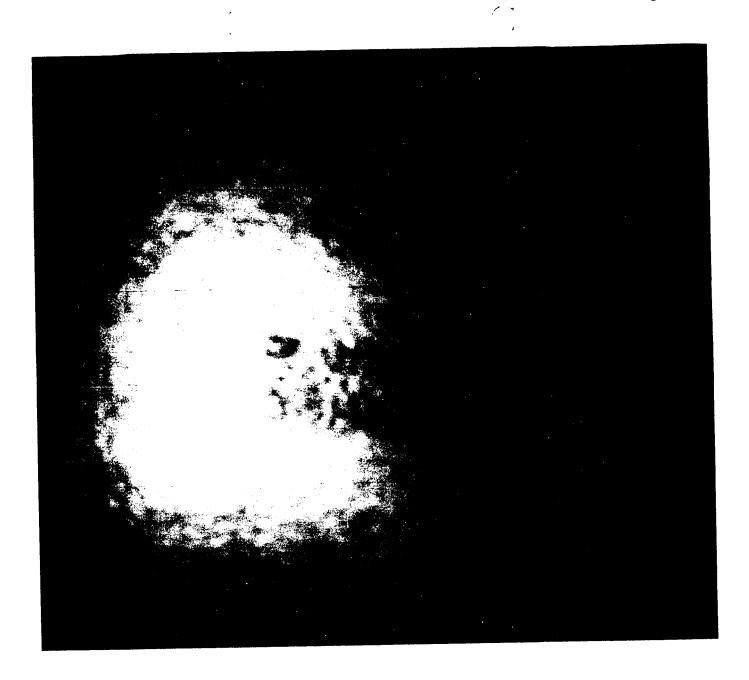
Myra Terrell

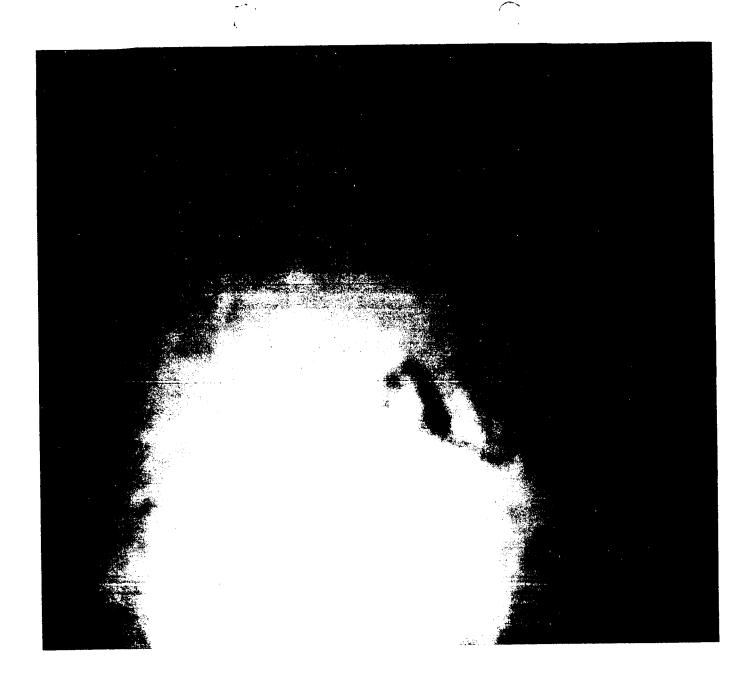
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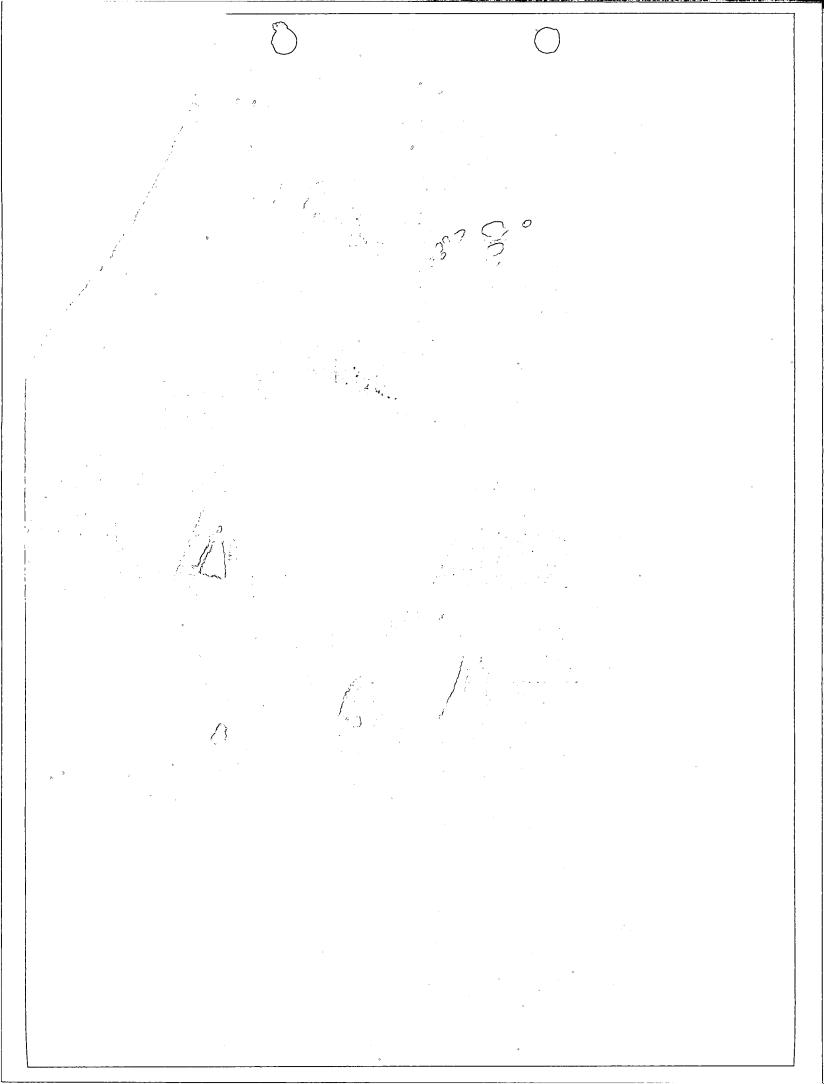


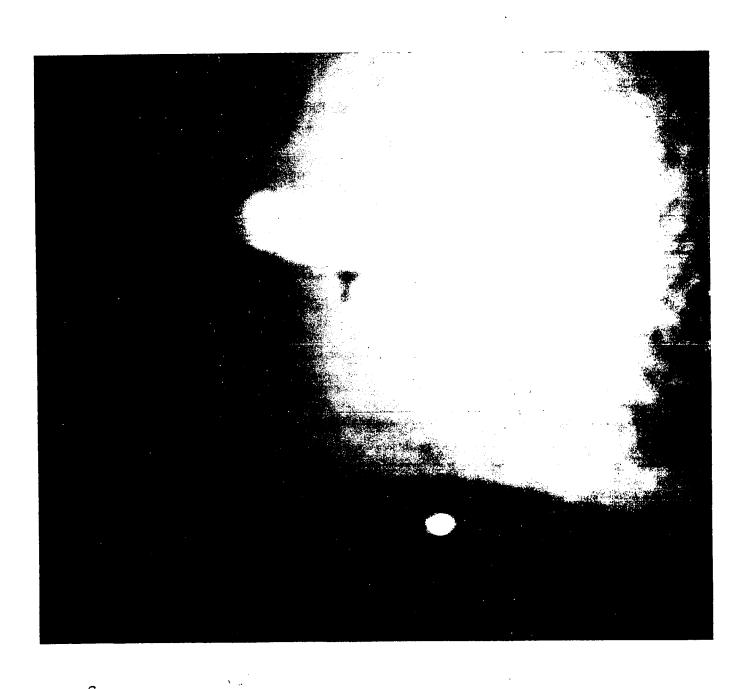


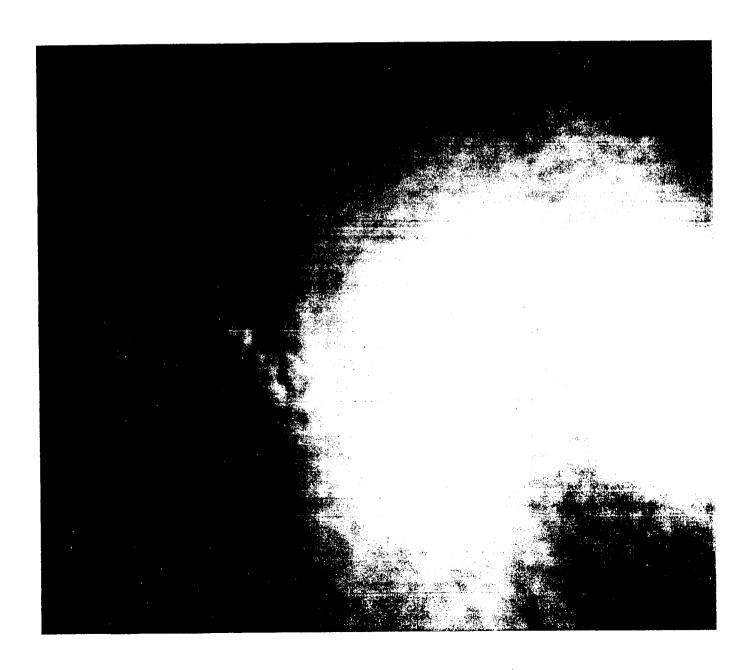


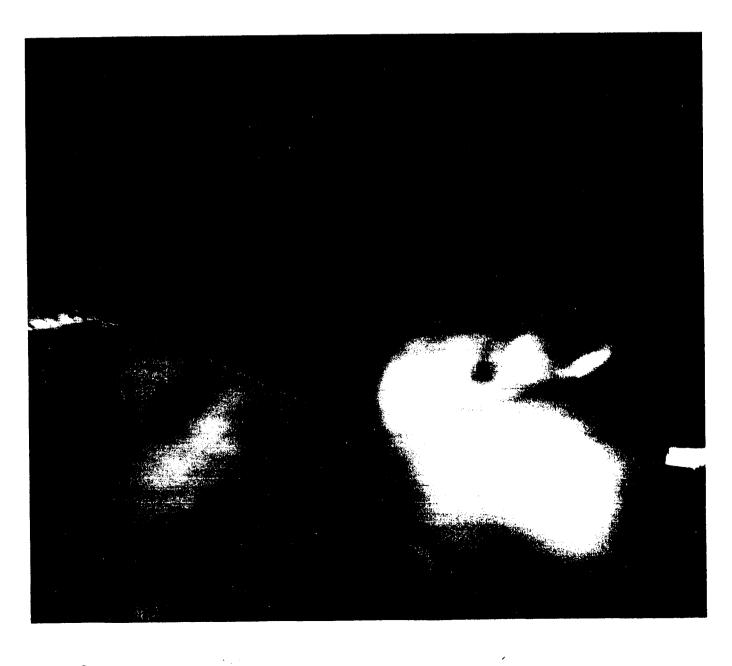














1 to 1 9ge 4







American Laser Centers

Page: 1

3/7/2011 6:32:01 PM

American Laser Centers - Rockville

11921 Rockville Pike

Suite 409

Rockville, MD 20852

Phone: (301) 255-0005 Fax: (301) 255-0008

Myra Terrell

13805 Pintail Ct

Upper Marlboro, MD 20774

W: 240-351-8800 C: 301-218-5867

mj_terrell@msn.com

Balance Forward:

1035.57

Down Pmt Type: Cash

Notes:

Payment Amount:

580.00

Thank you for your payment.

	Total:	Discounts:	Net:	Tax:	
Procedures:	0.00	0.00	0.00	0.00	0.00
Products:	0.00	0.00	0.00	0.00	0.00
Invoice Totals:	0.00	0.00	0.00	0.00	0.00
				Payments:	580.00
kchoate				Amount Due:	455.57



Laser Hair Removal | Skin Rejuvenation Cellulite Reduction | Body Contouring

TREATMENT AND FINANCIAL AGREEMENT

Client Name: <u>[Nura Erre</u>	11	Date	e: <u> 2 29</u>	12010	
Service	# of Treatments	Treatment Area	Price	Discount	Final
Laser Hair Femoval.	lo	Chin	1560	BUGO	Ø
		Jaw	1560	- 400	1100
Microdormabrasion		Full Face - Neck.	167 º4	Promo	Ø
	1	Wrist	-	-	-
		Total:		Grand Total:	1160

- I fully understand and agree to treatment of the listed areas, and agree to pay American Laser Centers the price quoted above.
- If I have paid the price quoted using a credit program, I acknowledge that I selected the credit program based on
 my own evaluation of my options. I have not relied on any recommendation or advice of American Laser
 Centers or its staff with respect to financing. I understand that American Laser Centers has agreements with
 credit program providers but does not recommend credit products to customers.
- I clearly understand that my payment is for the procedure(s) performed during the term of the agreement and not for any specific result. If I have purchased a laser hair removal package, I will be eligible for the Appearance Plan once the treatments I purchased under this Agreement are completed.
- If no treatments are performed under this agreement, a refund will be issued after my written request.

The first of the second

• All payments are nonrefundable except as set forth in this agreement.

(M-	12.00/		. (/
Client/Guardian Signature:	IIIwa	IMMEL	Date:	12/24/10
Staff Signature:	KDMeat		Date:	12/29/2010.

INSTALLMENT SALES AGREEMENT

Thi	is agreement i	s made between 🏠	ura Terra	211			(Buyer)
and	l American La	aser Centers (Seller)	on the	29世	day of _Dco	ember_	_, 20 <u>10</u> .
Ser	vices Purchas	sed: Lasov Hair	Removal:	Chin E. J	nω		
Tot	tal Price: <u>\$</u>	iluo	_				
Do	wn Payment:	\$58C	_ (Minimum	ı down paym	ent is 10%)		
Un	paid Balance:	\$570	(Total Price n	ninus Down	Payment)		
<u>Pa</u>	yment Sched	ule:					
		Date Due	Amou	int Due	Of	fice Use (Dat	e Paid)
1.		Price to 3rd tx.	\$570				
2.							
3.					•		
choice of pa schedule. In date of the 2. Event perform any payment sec 3. Reme installments fees, and de deny Buyer Commercial default. 4. Misce by this. (2) shall be join payment of more of the agreement vor successor 5. Excluparties and	ying full price n any event, the third treatment is of default. To colligation in the definement und clare all unpaid the delivery of the Code. All of Se tellaneous term Seller may assist and several a this contract or parties, and the will be governed to usive statement on agreement of	the received by Buyer the occurrence of any of this agreement; or (2) or greement. It. In the event of a defider the contract plus in distallments and other further treatments under the seller's rights under the seller's rights under the seller's contract but Buyer any installment or page ywaive any right where	s agrees to pay purchase pricunder this Agrof the following when Seller shatterest at six % r moneys due of the following sagreement are sagreement are sagreement are tinstallment in the they may have of Michigan ting contains the fing on the Se	to Seller or its ce stated above reement. g shall constituted in good fait. It have the rig on such deline or to become cent; and (3) execumulative and contract is (3) If there be that or demand hay be made be ave to require n, and all oblighted final a contract is the contract of the contract is the contract is (3) if there is the contract is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (3) if there is the contract is (4) if the	s assigns payment of must be paid the a default under the to: (1) obtain in payments of the under this content of the under this content of the under the rights and no waiver of adjudged invalid more than one signand agree that are fore, at or after the holder to progations of Buyer and exclusive state.	er this agreeme e Buyer will be judgment for the from due date a ntract immedia on default of a any default shows the remainde gner of this compextension or maturity by agreed against any shall bind heir tement of the compextension of the compextension or maturity by agreed against any shall bind heir tement of the compextension of the compextension or maturity by agreed against any shall bind heir tement of the compextension of the compextension or maturity by agreed against any shall bind heir tement of the compextension of th	in the above payment Seller on or before the ent: (1) failure of Buyer to e unable to make any he amount of the and reasonable attorney's ately due and payable; (2) a party under the Uniform hall affect any later er will not be invalidated antract, their obligations or extensions of time of greement with any one or my person. (4) This rs, executor, administrator
Buyer: MY	ird Terrell VYN	Tenal		Seller: AMI	ERICAN LASER	CENTERS	



Hair Removal & Skin Rejuvenation

Pre and Post Laser Hair Removal Procedure Instructions

Thank you for scheduling your Laser Hair Removal treatment with American Laser Centers. For your safety and in order to obtain optimum results, the instructions below must be followed diligently.

- 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.
- Shave the treatment area one day before your scheduled treatment unless instructed otherwise. If you cannot shave. American Laser Centers will shave the area for you at an additional \$35 charge.
- Do not to use the following items on the treatment areas: AmeriPure Cell Turnover, AmeriPure Anti Oil, AmeriPure Skin Lightner, any exfoliation products or bleaching creams 2 days before and 2-3 days after treatment or until all pinkness has subsided.
- Do not apply any creams, lotions or deodorant on the area to be treated prior to treatment.
- No direct sun exposure during mid-day (between 10:00 am 3:00 pm), tanning booths and self tanner 4 weeks prior to and 1 week after your treatment.
- AmeriPure Sun Block with SPF 60 or higher is essential during the course of treatments.
- Apply your AmeriPure Post Laser Lotion 3-4 times daily for 3 days after each treatment.
- After treatment, the area may feel similar to mild sunburn. A cool compress may be applied along with the AmeriPure Post Laser Lotion 3-4 times a day until resolved.
- Mild soap and tepid water may be used to wash treatment areas. Hot water should not be applied to freshly treated areas or until pinkness has subsided.
- The hairs that are destroyed from the treatment will gradually work themselves out. This process can take up to 3-4 weeks. Do not pick, rub or scratch the treated areas.
- Although rare, a blister may appear. You must contact the clinic to arrange for an evaluation.
- If you must cancel or reschedule your appointment, please contact the clinic at least 24 hours in advance. Otherwise, a cancellation fee shall be applied. This is due to the high demand for treatment time.

If you have any questions or concerns, please contact our clinic at (30)) 255-0005
I have read and agree to the instructions above. Client Signature: WChoose Staff Signature: WChoose	Date: 12/29/2010 Date: 12/29/2010



Laser Hair Removal | Skin Rejuvenation Cellulite Reduction | Body Contouring

INFORMED CONSENT FOR LASER HAIR REMOVAL TREATMENT

An American Laser Centers Professional has explained to me the nature, goals, limitations and possible complications of this procedure and alternative forms of treatment. I have had the opportunity to ask questions about the procedure, its limitations and possible complications. These have been answered to my satisfaction.

I understand that all items contained herein apply to the following procedure(s): Laser-Assisted Hair Removal and Intense Pulsed Light-Assisted Hair Removal.

The purpose of this procedure is to diminish and remove hairs. This procedure may require one or more treatments and may not produce total permanent hair removal. Alternative methods are electrolysis, other laser-assisted hair removal technologies, various topical therapies and shaving.

I clearly understand the following:

- 1. The potential benefits of the proposed procedure(s).
- 2. The possible alternative procedure(s).
- 3. The goal of Laser Hair Removal, as in any cosmetic procedure, is improvement, not perfection.
- 4. There is no guarantee that the expected or anticipated results from the treatments will be achieved.
- 5. For best results, I have been informed that multiple treatments are needed. More treatments may be needed depending on skin type, previous methods of hair removal and hair color.
- 6. I must avoid tweezing, waxing, threading and bleaching treatment areas.
- 7. Hormonal imbalance, pregnancy and menopause can affect treatment outcomes.
- 8. Contraindications for this procedure include:

Pregnancy and nursing
Accutane (must discontinue use of product 3 months before beginning treatment)
Epilepsy or those who have a history of seizures
Diabetes (no treatment below the ankles and no shaving)
Poorly controlled Diabetes
Current history of skin cancer, or current condition of any other type of cancer, or pre-malignant moles in area of
treatment
Active sores or rash (psoriasis, eczema) in the area to be treated
Skin disorders such as keloids or abnormal wound healing
History of melanoma anywhere on the body
Recent (within 3 months) surgery, laser resurfacing or deep chemical peels in treatment area
Severe medical disorders such as poorly controlled heart conditions
Chemo or radiation therapy (letter of clearance from your physician is required)
Pacemaker, internal defibrillator and any internal electrical devices
Any internal metal device, i.e. surgical screws, pins, plates, or implants, in the area to be treated (no treatment if the
device is superficially in the body area to be treated) AIDS, HIV positive or use of immunosuppressive drugs (a letter of
clearance from your physician is required)
Multiple sclerosis (a letter of clearance from your physician is required with confirmation that the area to be treated is
not numb)
Immune disorders such as: Scleroderma, Lupus, Porphyria, Sarcoidosis and others
Children under the age of 12

	 □ Treatment over numbness of any body part □ Treatment over moles or lesions of any kind □ Treatment over tattoos, port wine stains, under the eyebrows, or any orifice □ Use of photosensitive medications may cause increased sensitivity to the devices
	☐ Bleeding problems or use of blood thinners Client Initial
9.	Tanning during the course of my laser treatments is not recommended and can cause a number of complications. My scheduled treatment may be postponed if I am too tan.
10.	I should avoid all tanning and sun exposure for 4 weeks before and 1 week after each treatment, as well as avoiding tanning beds.
11.	I have been informed to use a sunblock with an SPF of 30 or higher on the treated area during the course of laser treatments.
12.	It is my responsibility to inform the center if my skin is any darker than when I first started treatment.
13.	It is my responsibility to inform the center of any medical or prescription changes.
14.	Post-treatment care is very important and I will adhere to all the instructions given to me. Improper care to the treated area may increase the chances of any complications.
15.	Laser Hair Removal can permanently reduce the numbers of hairs growing in the treated areas. Any remaining hair in general will be thinner and more easily treated by alternative methods.
16.	The risks of this procedure include pain, infection, scarring, drug reactions or interactions or unforeseen complications. There is also a risk of mismatch in the color or the texture of the skin, temporary redness, hive-like reaction or bruising, brownish skin discoloration, activation of fever blisters (herpes), temporary increased susceptibility to sunburn and persistent pinkness for months.
17.	There is a possibility that this procedure will be unsuccessful, need to be repeated, or may require additional treatment of complications.
18.	Tattooed "permanent" make up in the area to be treated with laser hair removal may darken, and there may be lightening of decorative tattoos.
19.	I authorize the taking of photographs or videotapes, or other similar means of recording the treatment. I understand that these recordings may be used for publication, medical study, demonstration research and documentation of progress in my medical record. Failure to allow the taking of photographs of my treatment areas will make it impossible to judge the efficacy of my treatments and will void any extended treatment program, guaranty and/or any treatment due beyond those included in the purchased package.
20.	I have been given copies of both pre and post care instructions.
21.	I understand the procedure and accept the risks, and request that this procedure be performed by a provider at American Laser Centers.
22.	I have had sufficient opportunity to discuss my condition and treatment with the American Laser Centers professional, and all my questions have been answered to my satisfaction. I believe I have adequate knowledge to understand the nature and risk of the treatment to which I am consenting.
l a	nave read and understand all information presented to me before signing this consent form. I have had ample opportunity to sk any questions regarding laser hair removal, side effects and after care.
C	lient/Guardian Signature MWW TDWW Date 12/39/10
S	taff Signature When Date 2 29 10.
_	

Notice of Privacy Practices

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

This Notice of Privacy Practices describes how we may use and disclose your protected health/personal information (PHI) to carryout out treatment, payment or healthcare 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.

<u>Treatment</u>: 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.

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

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 U.S. Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Standards for Privacy of Individually Identifiable Health Information set forth at 45 C.F.R. parts 160 and 164.

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

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

Patient initials

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1. Your Rights

Following is a statement of your rights with respect to your protected health/personal information.

You have the right to inspect and copy your protected health/personal information. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health/personal information that is subject to law that prohibits access to protected health/personal information.

You have the right to require a restriction of your protected health/personal information. This means you may ask us not to use or disclose any part of your protected health/personal information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health/personal information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If our medical director believes it is in your best interest to permit use and disclosure of your protected health/personal information, your protected health/personal information will not be restricted. You then have the right to use another service provider.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

You may have the right to amend your protected health/personal information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to our statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health/personal information.

We reserve the right to change the terms of this notice and make the new notice provisions effective for all protected health information we maintain. We will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003.

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. We are also required by law to abide by the terms of the notice currently in effect. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number, (248) 426-8250.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

rint Name: MIM Orrell Signature:

Revised 1/9/08



Hair Removal & Skin Rejuvenation

Pre/Post Instructions for Microdermabrasion, Fotofacial, and Skin Tightening

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

- Do not use on treated areas: AmeriPure Cell Turnover, AmeriPure Anti Oil, AmeriPure Skin Lightner, any exfoliation products or bleaching creams 2 days before and 2-3 days after treatment or until all pinkness has subsided.
 Do not apply any creams or lotions to the area to be treated prior to treatment.
 No direct sunbathing, tanning booths or self tanner during the course of treatments.
- AmeriPure Sun Block with SPF 60 or higher is essential during the course of treatments.
 Apply your AmeriPure Post Laser Lotion 3-4 times daily for 3 days after each treatment.
- Using the AmeriPure product line is essential to obtain optimum results of Skin Rejuvenation treatments.
- AmeriPure's Vita-Pure Serum is recommended to aid in collagen remodeling.
- To wash- use tepid water and apply cleanser with finger-tips, in a gentle circular motion. Do not use hot water on freshly treated areas or until pinkness has subsided.
- Do not pick any scabs or dry skin that may appear. This may cause unwanted side effects such as darkening of skin and/or scarring. Apply AmeriPure Post Treatment Lotion 3-4 times a day as needed to help minimize any dry effects.
- Although extremely rare, if the area appears to be forming a 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 clinic at least 24 hours in advance. Otherwise, a cancellation fee shall be applied. This is due to the high demand for treatment time.

If you have any questions or concerns, please contact our office at $(301)25$ you at your next appointment.	· <u>DDC5</u> . We look forward to seeing
I have read and understand the instructions and realize to obtain optimum results diligently. Client Signature: Staff Signature: WWW.	Date: 12/29/10



Consent American Laser Centers 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 quardian 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.

Patient Signature V	Date
Witness Signature WCMCCCCC	Date 12/29/10
Parent/Legal Guardian Signature (If Patient is a Minor):	Date
Location: Fockille, mp.	

CHRISTIAN, ASHIN & BROWN, P.C.

Attorneys at Law

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Paul S. Christian Jeffery G. Ashin Timothy D. Brown

Brian M. Timian Alan R. Fawcett Daniel G. Bastien

August 16, 2012

BMC Group, Inc. Attn: CLA Hold LLC formerly ALC Holdings LLC Claims Processing Chanhassen, MN 55317-3020

RE:

My Client:

Myra Terrell

Your Client: American Laser Skin Care, LLC

Date of Incident: 4/20/11

Dear Sir/Madam,

Enclosed please find:

- 1. **Proof of Claim Form**
- 2. Copy of Lawsuit
- 3. Medical records and bills

Thank you for your attention in this matter.

Brian M. Timian

BMT/enw **Enclosures**

CHRISTIAN, ASHIN & BROWN, P.C.

7305 BALTIMORE AVENUE, SUITE 305 ATTORNEYS AT LAW

COLLEGE PARK, MARYLAND 20740

BMC GROUP RECEIVED AUG 2 0 2012



INST CLASS MA

Attn: CLA Hold LLC BMC Group, Inc.

formerly ALC Holdings LLC Claims Processing Chanhassen, MN 55317-3020

