

UNITED STATES BANKRUPTCY COURT      District of Delaware		PROOF OF CLAIM
Name of Debtor: <b>ALC HOLDINGS LLC</b> <b>Attn: American Laser Skin Care, LLC</b> <b>Farmington Hills, MI 48335</b>		Case Number:
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Myra Terrell in care of Christian, Ashin &amp; Brown, P.C.</b>		<b>COURT USE ONLY</b>  <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: <b>7305 Baltimore Avenue, Suite# 305</b> <b>College Park, Maryland 20740</b>  Telephone number: (301) 277-9171      email: Brian@dcmetroinjurylaw.com		
Name and address where payment should be sent (if different from above):   Telephone number:      email:		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>'AUG 20 2012</b>  <b>BMC GROUP</b> </div>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>30,000.00</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Debtor asserts claim for injuries suffered when Debtor negligently provided laser treatments resulting in a permanent scar.</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  N / A	<b>3a. Debtor may have scheduled account as:</b> <u>N/A</u> (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <b>Describe:</b>  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).             </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).             </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).             </div> <div style="width: 30%;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).             </div> <div style="width: 30%;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).             </div> </div> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>            \$ _____         </div>		
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

ALC Holdings  
  
 00269

**7. Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

- ☒ I am the creditor.    ☐ I am the creditor's authorized agent.    ☐ I am the trustee, or the debtor,    ☐ I am a guarantor, surety, indorser, or other codebtor.  
(Attach copy of power of attorney, if any.)    or their authorized agent.    (See Bankruptcy Rule 3004.)    (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Brian M. Timian, Esq.  
Title: Attorney for Myra Terrell  
Company: Christian, Ashin & Brown, P.C.  
Address and telephone number (if different from notice address above):  
7305 Baltimore Ave., # 305  
College Park, Maryland 20740

(Signature)

(Date)

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

**6. Credits:**

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

**7. Documents:**

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

**8. Date and Signature:**

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

**DEFINITIONS****Debtor**

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

**Creditor**

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

**Claim**

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

**Proof of Claim**

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

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

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

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

**Unsecured Claim**

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

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

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

**Redacted**

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

**Evidence of Perfection**

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

**INFORMATION****Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://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 MARYLAND FOR Montgomery County

LOCATED AT (COURT ADDRESS)

191 E. Jefferson Street  
Rockville, Maryland 20850

CASE NO.

CV

PARTIES

Plaintiff

Myra Terrell  
13805 Pintail Court  
Upper Marlboro, Maryland 20774

VS.

Defendant(s):

1. American Laser Skincare, LLC  
Serve: Office of Gen. Counsel, Rythm Manani  
24555 Hallwood Court  
Farmington Hills, Michigan 48335

Serve by:

☐ Certified Mail  
☒ Private Process  
☐ Constable  
☐ Sheriff

2.

Serve by:

☐ Certified Mail  
☐ Private Process  
☐ Constable  
☐ Sheriff

3.

Serve by:

☐ Certified Mail  
☐ Private Process  
☐ Constable  
☐ Sheriff

4.

Serve by:

☐ Certified Mail  
☐ Private Process  
☐ Constable  
☐ Sheriff

ATTORNEYS

For Plaintiff - Name, Address, Telephone Number & Code

Brian M. Timian, Esq.  
7305 Baltimore Avenue, Suite# 305  
College Park, Maryland 20740

COMPLAINT ☐ \$5,000 or under ☐ over \$5,000 ☒ over \$10,000

Clerk: Please docket this case in an action of ☐ contract ☒ tort  
☐ replevin ☐ detinue ☐ bad faith insurance claim

The particulars of this case are:

See Attached Documents.

RECEIVED OF MD  
DISTRICT COURT OF  
ROCKVILLE CASHERS  
2012 JUL 18 A 10:52

(See Continuation Sheet)

☒ Legal  
☐ Contractual \_\_\_\_\_ %

The Plaintiff claims:

☒ \$ 30,000.00 plus interest of \$ \_\_\_\_\_ and attorney's fees of \$ \_\_\_\_\_ plus court costs.

☐ Return of the property and damages of \$ \_\_\_\_\_ for its detention in an action of replevin.

☐ Return of the property, or its value, plus damages of \$ \_\_\_\_\_ for its detention in action of detinue.

☐ Other: \_\_\_\_\_ and demands judgment for relief.

Signature of Plaintiff/Attorney/Attorney Code

Signer's Address: 7305 Baltimore Avenue, Suite# 305  
College Park, Maryland 20740

Signer's Telephone Number: 301-277-9171

Signer's Facsimile Number, if any: 301-699-1068

Signer's E-mail Address, if any: \_\_\_\_\_

## MILITARY SERVICE AFFIDAVIT

☐ Defendant(s) \_\_\_\_\_ is/are in the military service.

☐ No Defendant is in the military service. The facts supporting this statement are: \_\_\_\_\_

Specific facts must be given for the Court to conclude that each Defendant who is a natural person is not in the military.

☐ I am unable to determine whether or not any Defendant is in military service.

I hereby declare or affirm under the penalties of perjury that the facts and matters set forth in the foregoing Affidavit are true and correct to the best of my knowledge, information, and belief.

Date

Signature of Affiant

## APPLICATION AND AFFIDAVIT IN SUPPORT OF JUDGMENT

Attached hereto are the indicated documents which contain sufficient detail as to liability and damage to apprise the Defendant clearly of the claim against the Defendant, including the amount of any interest claimed.

☐ Properly authenticated copy of any note, security agreement upon which claim is based ☐ Itemized statement of account ☐ Interest worksheet  
☐ Vouchers ☐ Check ☐ Other written document ☐ Verified itemized repair bill or estimate

I HEREBY CERTIFY: That I am the ☐ Plaintiff ☐ \_\_\_\_\_ of the Plaintiff herein and am competent to testify to the matters stated in this complaint, which are made on my personal knowledge; that there is justly due and owing by the Defendant to the Plaintiff the sum set forth in the Complaint.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the above Complaint are true and I am competent to testify to these matters.

Date

Signature of Affiant

## 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.

AMERICAN LASER SKIN CARE, LLC  
SERVE: Office of General Counsel,  
Rhythm Manani  
24555 Hallwood Court  
Farmington Hills, Michigan 48335

Defendant

\*  
\*  
\*  
\*  
\*  
\*  
\* Case Number:  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*

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- NEGLIGENCE

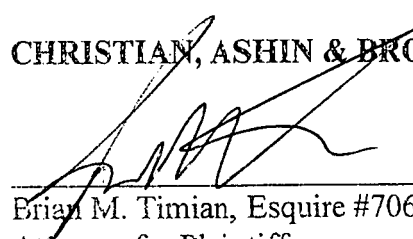
1. That on or about April 20, 2011, Plaintiff, Myra Terrell was a patient at Defendant's laser facility. Ms. Terrell was undergoing a series of microderm laser treatments, when an employee of Defendant by the name of Perpetua Johnson, negligently applied the laser treatments on the Plaintiff. Defendant's 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

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 the sum of \$30,000.00 (thirty thousand dollars).

**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 & BROWN, 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](mailto:Btimian1@gmail.com)

IN THE DISTRICT COURT OF MARYLAND FOR MONTGOMERY COUNTY

MYRA TERRELL  
13805 Pintail Court  
Upper Marlboro, MD 20774

Plaintiff

vs.

AMERICAN LASER SKIN CARE, LLC  
SERVE: Office of General Counsel,  
Rhythm Manani  
24555 Hallwood Court  
Farmington Hills, Michigan 48335

Defendant

\*

\*

\*

\*

\*

\*

\* Case Number:

\*

\*

\*

\*

\*

\*

\*

\*

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:**

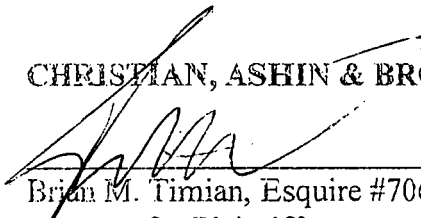
1. Kaiser Permanente -
2. American Laser Center-

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  
[Btimian1@gmail.com](mailto:Btimian1@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  
Btimian1@gmail.com



KAISER  
PERMANENTE

## 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  
134/95

135/88

### Follow-Up and Patient Instructions

#### Schedule Return Appointment

Return if symptoms worsen or fail 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

## 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	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](http://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- Largo	Radiology Largo	LARGO	MAMMOGRAM SCREENING

### Are you signed up for KP.org yet?

You can use our secure web site, [www.KP.org](http://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

**Medications and Orders (continued)**

**Are 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](http://www.KP.org/register) and sign up today for yourself (and children under age 13).



KAISER  
PERMANENTE.

*W<sup>o</sup> (2) medical  
prescriptions*

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

110519094418003900000032548

\*\*\*\*\*  
Save Time-Refill online!!  
Visit [www.kp.org](http://www.kp.org) today!!

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

\*\*\*\*\*  
Prescriptions not picked up within ten  
days will be returned to stock.

\*\*\*\*\*  
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

Date

INTERNAL MED LARGO  
1221 Mercantile Lane  
Largo MD 20774  
Phone: 301-618-5500



KAISER  
PERMANENTE

## 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
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](http://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/healthsolutions.com](http://www.kp.org/healthsolutions.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. Comparison 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

## 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](http://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- Largo	Radiology Largo	LARGO	MAMMOGRAM SCREENING

### Are you signed up for KP.org yet?

---

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

Page 3 of 4

**Medications and Orders (continued)**

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

You can use our secure web site, [www.KP.org](http://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](http://www.KP.org/register) and sign up today for yourself (and children under age 13).



KAISER PERMANENTE

FOR: TERRELL, MYRA JO

DATE: 04/21/11

PROVIDER: AGUINALDO, CIELITO M

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

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

RX#: 160639825

REFILLS LEFT: 0

**DIRECTIONS:** APPLY TO AFFECTED AREA SPARINGLY TWICE DAILY

**SSD CRE 1% GENERIC NAME: SILVER SULFADIAZINE (SIL-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.

Copyright 2011, Wolters Kluwer Health, Inc. All rights reserved. Information Valid Through Mar 2011

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 medical advice. 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 carry 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.

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

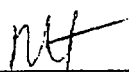
**Payment:** Your protected health/personal information will be used, if requested, to obtain payment for your services. For example, if you desire to finance the costs of your treatments, this may involve disclosing relevant protected private information in order to obtain approval.

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

We may use or disclose your protected health/personal information in the following situations without your authorization. These situations include: as required by law; public health issues as required by law, communicable diseases; health oversight; abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coroners, funeral directors and organ donation; research; criminal activity and national security; workers' compensation; inmates; required uses and disclosures. Under the law, we must make disclosure to you and, when required by the Secretary of the 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:

Print Name: Myra Terrell Signature: Myra Terrell Date: 12/29/10



# American Laser Centers

Laser Hair Removal | Skin Rejuvenation  
Cellulite Reduction | Body Contouring

## TREATMENT AND FINANCIAL AGREEMENT

Client Name: Myra Terrell

Date: 2/11/2011

Service	# of Treatments	Treatment Area	Price	Discount	Final
Peel & Reveal Package					
Microdermabrasion	7	Full Face	1175 <sup>58</sup>	Promo	
Chemical Peel	7	Full Face	1175 <sup>58</sup>	Promo	\$700
Vivite Core System	1		250 <sup>00</sup>	Promo	
Microdermabrasion	1	Free From Shab	1167 <sup>94</sup>	Free w/ Package	
- Can mix & match between mo or peel as desired.					
Total:				Grand Total:	\$700

250 down

225 due April 2011

225 due May 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 Signature: Myra Terrell

★

Date: 3/7/11

Staff Signature: [Signature]

Date: 02/11/2011



## American Laser Centers

Laser Hair Removal | Skin Rejuvenation  
Cellulite Reduction | Body Contouring

### TREATMENT AND FINANCIAL AGREEMENT

Client Name: Myra Terrell Date: 12/29/2010

Service	# of Treatments	Treatment Area	Price	Discount	Final
Laser Hair Removal	6	Chin	1560	BOGC	Ø
		Jaw	1560	- 400	1160
Microdermabrasion	1	Full Face + Neck	1167 <sup>94</sup>	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.
- All payments are nonrefundable except as set forth in this agreement.

Client/Guardian Signature: \_\_\_\_\_

Date: 12/29/10

Staff Signature: \_\_\_\_\_

Date: 12/29/2010





## American Laser Centers

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

*MX*

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.

I have read and understand all information presented to me before signing this consent form. I have had ample opportunity to ask any questions regarding laser hair removal, side effects and after care.

Client/Guardian Signature

*Myra Terrell*

Date

*12/29/10*

Staff Signature

*[Signature]*

Date

*12/29/10*



## American 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 use the following items on the treatment areas: AmeriPure Cell Turnover, AmeriPure Anti Oil, AmeriPure Skin Lightener, 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 (301) 255-0005.

I have read and agree to the instructions above.

Client Signature: Miya Terrell

Date: 12/29/10

Staff Signature: Koch

Date: 12/29/2010

## 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\*\*

### Treatment Time

One Half Hour .....	\$50.00
One Hour .....	\$100.00
One Hour and a Half .....	\$150.00
Two Hours .....	\$200.00

NAME: Myra Terrell

TREATMENT AREA: Chin & Jaw

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

Client  
Signature:

Myra Terrell  
12/29/10

Manager  
Signature:

[Signature]

Date:

12/29/2010



American Laser Centers

Laser Hair Removal | Skin Rejuvenation  
Cellulite Reduction | Body Contouring

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



American Laser Centers

## Consent for Microdermabrasion

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

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

Patient Signature

*Melissa Terrell*

Date

*12/29/10*

Witness Signature

*[Signature]*

Date

*12/29/10*

Parent/Legal Guardian Signature (If Patient is a Minor):

Date

Location: Rockville, MD.



## American Laser Centers

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) 255-0005. We look forward to seeing you at your next appointment.

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

Client Signature: \_\_\_\_\_

Date: 12/29/10

Staff Signature: \_\_\_\_\_

Date: 12/29/2010



# American Laser Centers Client History

Client Name: Myra Terrell

Date of Birth: 10/24/58

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

Yes	No	Medical History	Please Specify
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seizures and/or Epilepsy	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Numbness in the area	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Autoimmune Disorders	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sarcoidosis	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lupus	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scleroderma	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Skin Disorders	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vitiligo	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keloid/Hypertrophic Scarring	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Present Scarring	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Herpes Virus /Cold Sores	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Polycystic Ovarian Syndrome	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blood clots/Phlebitis/Bleeding Disorders	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Peripheral Vascular Disease	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lymphedema	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Varicose Veins	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pregnancy/Actively trying to get pregnant	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cancer and/or precancerous lesions	

Yes	No	Medical Clearance Letter Required	Please Specify
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HIV/AIDS	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multiple Sclerosis	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chemotherapy/radiation therapy	

Yes	No	Surgical History	Please Specify
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pacemakers/internal pacing devices	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Internal Metal Devices (rod, plates, screws)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hip Replacements	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lymph Node Removal	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hernias	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Past Surgeries	<u>Hyter</u>

Yes	No	Medication History	Please Specify
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Current Medications	<u>Maxzide (hypertension)</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications	<u>ointment for SCALP</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Herbal Supplements	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Retin-A or Generics	<u>for face</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blood Thinner (Coumadin, Aspirin)	
<input type="checkbox"/>	<input type="checkbox"/>	Acne Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Oral Contraceptives	
<input type="checkbox"/>	<input type="checkbox"/>	Accutane	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Antibiotics	Date: _____

Yes	No	Allergies	Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies	
<input type="checkbox"/>	<input type="checkbox"/>	Medication Allergies	
<input type="checkbox"/>	<input type="checkbox"/>	Latex Allergies	

Yes	No	Other	Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	Permanent Make-up	
<input type="checkbox"/>	<input type="checkbox"/>	Tattoos	
<input type="checkbox"/>	<input type="checkbox"/>	Recent Cosmetic Procedures	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Botox/Restylane/Dermal Fillers	Date: _____

Yes	No	Product History	Brand Name	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	Cleanser		
<input type="checkbox"/>	<input type="checkbox"/>	Soap	<u>Dove</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Toner		
<input type="checkbox"/>	<input type="checkbox"/>	Moisturizer		
<input type="checkbox"/>	<input type="checkbox"/>	Night Cream	<u>Cream to spots</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Eye Cream		
<input type="checkbox"/>	<input type="checkbox"/>	Astringent		
<input type="checkbox"/>	<input type="checkbox"/>	Scrub		
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen		
<input type="checkbox"/>	<input type="checkbox"/>	Other		

Type of Skin	<input type="checkbox"/> Dry	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Oily	<input type="checkbox"/> Combination	<input type="checkbox"/> Acne-prone
--------------	------------------------------	---------------------------------	--	--------------------------------------	-------------------------------------

I have answered all the questions truthfully and to the best of my knowledge

Client Signature: Muna Tameel Date: 12/29/10





American Laser Centers

# Client Survey

*quoted phone*  
1800-2000

400 coupon.

Date: 12/29/10

Client Name: Mura Terrell Date of Birth: \_\_\_\_\_  
 Address: 13805 Pintail CT City: Upper Marlboro State: MD Zip: 20774  
 Home Phone: 301 218 5867 Cell Phone: 240 351 8800 E-mail: mj\_terrell@msn.com  
 Name of Employer: House of Representatives  
 Occupation: Paralegal Work Phone: \_\_\_\_\_  
 How did you hear about us? Internet  
 Emergency Contact Person: John Terrell  
 Relationship: Son Phone: 301 218 5867

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

## Please indicate the services and areas of interest

### Laser Hair Removal

Area of Interest	Hair Color	Current Method of Hair Removal
<u>Chin</u>	<u>Black</u>	<u>Facials</u>
<u>Neck</u>		<u>Scissors</u>
<u>Jaw</u>		

### Skin Rejuvenation

Skin Tone	Firmness & Elasticity	Texture
<input type="checkbox"/> Uneven Skin Color	<input type="checkbox"/> Wrinkles <input type="checkbox"/> Deep <input type="checkbox"/> Fine	<input type="checkbox"/> Leathery Texture
<input type="checkbox"/> Sun Damage	<input type="checkbox"/> Lip Lines	<input type="checkbox"/> Acne Scarring
<input type="checkbox"/> Age Spots	<input type="checkbox"/> Crows Feet	<input type="checkbox"/> Large Pores
<input type="checkbox"/> Freckles	<input type="checkbox"/> Nasolabial Lines	<input type="checkbox"/> Blackheads
<input type="checkbox"/> Broken Capillaries	<input type="checkbox"/> Skin Tightening	<input type="checkbox"/> Dry/Rough Skin
<input type="checkbox"/> Rosacea	<input type="checkbox"/> Loss of Firmness/Elasticity	<input type="checkbox"/> Stretch Marks
Area of Interest	Area of Interest	Area of Interest

### Cellulite Reduction / Body Contouring / Circumferential Reduction

Area of Interest	Area of Interest	Area of Interest
<input type="checkbox"/> Thighs	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Arms
<input type="checkbox"/> Buttocks	<input type="checkbox"/> Hips	



American Laser Centers

# Skin Type Assessment

Please circle the appropriate answers on this form so we can properly assess your skin type

Name Mona Torrell

Heritage African American

## Genetic Disposition

Score	0	1	2	3	4
What is the color of your eyes ?	Light blue, Green	Grey	Blue	Dark Brown	Brown/Black
What is your natural hair color ?	Sandy Red	Blonde	Chestnut/Dark Blonde	Dark Brown	Black
What is the color of your skin ?	Reddish	Very Pale	Pale	Light Brown	Dark Brown
Do you have freckles ?	Many	Several	Few	Incidental	None
Total					16

## Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when overexposed to the sun ?	Redness/Blistering/Peels	Blistering/Peeling	Burns Sometimes/Peels	Rarely Burns	Never Burns
To what degree does your skin turn brown ?	Hardly/Not at all	Light Color Tan	Medium Tan	Tans Easily	Turn Dark Brown Quickly
Do you turn brown within several hours after sun exposure ?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun ?	Very Sensitive	Sensitive	Normal	Very Resistant	No Problem
Total					16

## Tanning Habits

Score	0	1	2	3	4
When was your last exposure to sun, lamps or cream ?	More than 3 months	2 to 3 months	1 to 2 months	Less than 1 month	less than 2 weeks
Was the treatment area exposed ?	Never	Hardly Ever	Sometimes	Often	Always
Total					4

## Heritage

For each Parent of African American or East Indian descent add 10 points	10	20
If your heritage is Latin American, Asian-Pacific Islander, Mediterranean, or native or indigenous to the Americas add 5 points	5	
Total		20

## Summary

Total for Genetic Disposition  
Total for Reaction to Sun Exposure  
Total for Tanning Habits  
Total for Heritage

16
6
4
20
46

Skin Type Score	46	Skin Type	VI
0 to 8		I	
9 to 16		II	
17 to 24		III	
25 to 30		IV	
31 to 34		V	
35 and over		VI	

\*Suntanned skin overrides the skin type score.

## INSTALLMENT SALES AGREEMENT

This agreement is made between Myra Terrell (Buyer)  
and American Laser Centers (Seller) on the 11<sup>th</sup> day of February, 2011.

Services Purchased: Microdermabrasion / Chemical peel package w/ Vinate System.

Total Price: \$705.57

Down Payment: \$250 (Minimum down payment is 10%)

Unpaid Balance: \$450.57 (Total Price minus Down Payment)

### Payment Schedule:

	Date Due	Amount Due	Office Use (Date Paid)
1.	<u>April 2011</u>	<u>\$225</u>	<u>                    </u>
2.	<u>May 2011</u>	<u>\$225</u>	<u>                    </u>
3.	<u>                    </u>	<u>                    </u>	<u>                    </u>

1. **Payment.** Seller sells Buyer the services described above (the "Services") upon the terms set forth above. Buyer, given the choice of paying full price or making installments agrees to pay to Seller or its assigns payments as set forth in the above payment schedule. In any event, the total amount of the purchase price stated above must be paid in full to the Seller on or before the 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 Seller 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 Terrell

By: Kochner

Date: 02/11/2011

## INSTALLMENT SALES AGREEMENT

This agreement is made between Myra Terrell (Buyer)

and American Laser Centers (Seller) on the 29<sup>th</sup> day of December, 2010.

Services Purchased: Laser Hair Removal : Chin & Jaw

Total Price: \$1100

Down Payment: \$580 (Minimum down payment is 10%)

Unpaid Balance: \$520 (Total Price minus Down Payment)

### Payment Schedule:

	Date Due	Amount Due	Office Use (Date Paid)
1.	<u>Prior to 3<sup>rd</sup> tx.</u>	<u>\$580</u>	<u>3/07/2011</u> (KDC)
2.	<u>                    </u>	<u>                    </u>	<u>                    </u>
3.	<u>                    </u>	<u>                    </u>	<u>                    </u>

1. **Payment.** Seller sells Buyer the services described above (the "Services") upon the terms set forth above. Buyer, given the choice of paying full price or making installments agrees to pay to Seller or its assigns payments as set forth in the above payment schedule. In any event, the total amount of the purchase price stated above must be paid in full to the Seller on or before the 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 Seller 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.

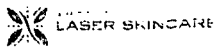
Buyer: Myra Terrell

Seller: AMERICAN LASER CENTERS

Signature: Myra Terrell

By: KDC

Date: 12/29/2010



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][Announcements](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR 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.
2. Click [HERE](#) to adjust the size the windows/steps.
3. In the web browser, 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**

Myra Terrell (Patient ID 1312824) Chart number 13128247000361. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

Action:

[Return To Client Charting](#)

Patient Chart ID 13128247000361 History

Chart ID #: 13128247000361

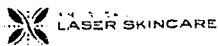
Date Created: 2010-12-31 10:26:19.91

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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247000361. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

Step 1:



Announcements  
Applications v

Scheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011

American Laser Learning v

Marketing v

Call Center v

Product v

Email

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS >>

Click Here To Select v

① - ② - ③ - ④ - ⑤

Create Chart For Patient

Procedures

Select Procedure(s) for Chart:

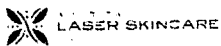
Chin

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

Update Chart Procedure

Myra Terrell (Patient ID 1312824) Chart number 13128247000361. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

## Step 2:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]
[Announcements v](#)  
[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 &gt;&gt;

[Click Here To Select v](#)

## Skin Type Assessment Form

[1](#) - [2](#) - [3](#) - [4](#) - [5](#)

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

- ☐ Many
 ☐ Several
 ☐ Few
 ☐ Incidental
 ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

- ☒ Never
 ☐ Seldom
 ☐ Sometimes
 ☐ Often
 ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

- ☐ Never
 ☐ Hardly Ever
 ☐ Sometimes
 ☐ Often
 ☒ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☒ 10 Points

If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

Total Score

Skin Type Score 46

[Update Assessment](#)

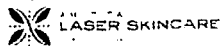
Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V
35 and over	VI

spacer



Myra Terrell (Patient ID 1312824) Chart number 13128247000361. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

## Step 3:

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011  
American Laser Learning v

Marketing v

Call Center v

Product v

Email

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

Click Here To Select v

① - ② - ③ - ④ - ⑤

## Treatment Record Questionnaire 1

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Chin  
Treatment Number: 1  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date: Signature:

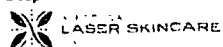
12/31/2010

Update Questionnaire &gt;&gt;&gt;

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247000361. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

## Step 4:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][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 &gt;&gt;

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

## Treatment Record Questionnaire 2

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Chin  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

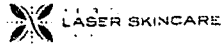
1. Is patient on AmeriPure Skin Care? ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken? ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT? ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream? ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring? ☐ Yes ☒ No

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

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247000361. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

## Step 5:

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011

American Laser Learning v

Marketing v

Call Center v

Product v

Email

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

## Client Information

Client Name: Myra Terrell  
DOB: 10/24/58  
Center Name: Rockville  
Technician: (Employee ID) 2640

## Laser Hair Removal Chart

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

## Laser for Procedure

Laser Selected Aurora/Amerilight (NEW)

## Laser Test Area

ID 13128247000361  
Test Area Face - Left forehead or behind ears

## Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
1	13128247000361	12/31/2010	VI	F 10 T 25	F 11 T 10	Long	15	F 11 T 12	Aurora/Amerilight (NEW)

## Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
1	13128247000361	12/31/2010	VI	23	10	Long	15	0 - 12	Aurora/Amerilight (NEW)

## Notes

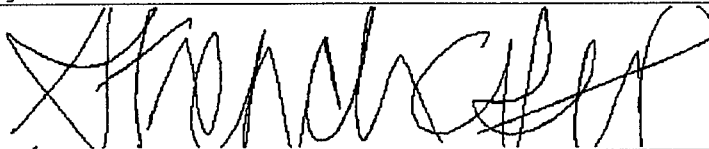
Test spotted on Weds. OF decreased from 11 to 10 and RF decreased from 25 to 23 secondary to increased ISM's.

## Answer Questions 1-5

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

I verify that this form is complete and correct.

Date: 12/31/2010 Staff Signature:

12/31/2010  Update Chart

Myra Terrell (Patient ID 1312824) Chart number 13128247000484. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247000484. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

**Step 1:**

LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

[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 &gt;&gt;

[Click Here To Select v](#)**Create Chart For Patient**

① - ② - ③ - ④ - ⑤

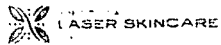
**Procedures****Select Procedure(s) for Chart:**

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

[Update Chart Procedure](#)

Myra Terrell (Patient ID 1312824) Chart number 13128247000484. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

## Step 2:

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011

American Laser Learning v

Marketing v

Call Center v

Product v

Email

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

Click Here To Select v

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

- ☐ Many      ☐ Several      ☐ Few      ☐ Incidental      ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

- ☒ Never      ☐ Seldom      ☐ Sometimes      ☐ Often      ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

- ☐ Never      ☐ Hardly Ever      ☐ Sometimes      ☐ Often      ☒ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☐ 10 Points

If Latin American, Asian-Pacific Islanders, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

Total Score

Skin Type Score 36

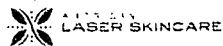
Update Assessment

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

spacer

Myra Terrell (Patient ID 1312824) Chart number 13128247000484. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

## Step 3:

[Announcements v](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)

Monday, May 09, 2011

[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][QUICK LINKS >>](#)[Click Here To Select v](#)

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Jaw  
Treatment Number: 1  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date:

Signature:

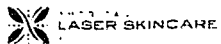
12/31/2010

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

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247000484. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

## Step 4:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][Announcements v](#)  
[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](#)

## Treatment Record Questionnaire 2

[1](#) - [2](#) - [3](#) - [4](#) - [5](#)

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Jaw  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?\* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?\* ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?\*   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?\* ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\* ☐ Yes ☐ No

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

\*These Are Required Fields



Myra Terrell (Patient ID 1312824) Chart number 13128247000484. Chart completed on 12/31/2010 for treatment at the Rockville clinic.

## Step 5:



LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

## Client Information

Client Name: Myra Terrell  
 DOB: 10/24/58  
 Center Name: Rockville  
 Technician: (Employee ID) 2640

## Laser Hair Removal Chart

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

## Laser for Procedure

Laser Selected Aurora/Amerilight (NEW)

## Laser Test Area

ID Test Area  
 13128247000484 Face - Left forehead or behind ears

## Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
1	13128247000484	12/31/2010	VI	F10 T25	F11 T10	Long	15	F11 T12	Laser Aurora/Amerilight (NEW)

## Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
1	13128247000484	12/31/2010	VI	23	10	Long	15	0 - 12	Laser Aurora/Amerilight (NEW)

## Notes

Test spotted on Weds. OF decreased from 11 to 10 and RF decreased from 25 to 23 secondary to increased ISM's.

## Answer Questions 1-5

- Was client double passed? ☐ Yes ☒ No
- Was skin type changed (if skin type I - III)? ☐ Yes ☒ No
- Was ice pack applied? ☒ Yes ☐ No
- Post Treatment skin reaction? mild pinkness which subsided within 5 minutes
- AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- AmeriPure sun block applied? ☒ Yes ☐ No
- Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date:

Staff Signature:

12/31/2010

Update Chart

Myra Terrell (Patient ID 1312824) Chart number 13128247078066. Chart completed on 01/17/2011 for treatment at the Rockville clinic.

Action:

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

Patient Chart ID 13128247078066 History

Chart ID #: 13128247078066

Date Created: 2011-01-17 10:48:58.063

Transactions Processed

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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247078066. Chart completed on 01/17/2011 for treatment at the Rockville clinic.

**Step 1:**

LASER SKINCARE

Monday, May 09, 2011

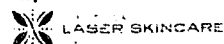
ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][Announcements  
Applications v](#)[Scheduler v  
SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)[QUICK LINKS >>](#)[Click Here To Select v](#)**Create Chart For Patient**[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)**Procedures****Select Procedure(s) for Chart:**

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

[Update Chart Procedure](#)

Myra Terrell (Patient ID 1312824) Chart number 13128247078066. Chart completed on 01/17/2011 for treatment at the Rockville clinic.

## Step 2:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

☐ Many    ☐ Several    ☐ Few    ☐ Incidental    ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

☒ Never    ☐ Seldom    ☐ Sometimes    ☐ Often    ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

☐ Never    ☐ Hardly Ever    ☐ Sometimes    ☐ Often    ☒ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☐ 10 Points

If Latin American, Asian-Pacific Islanders, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

## Total Score

Skin Type Score 36

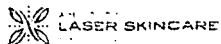
Update Assessment

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

spacer

Myra Terrell (Patient ID 1312824) Chart number 13128247078066. Chart completed on 01/17/2011 for treatment at the Rockville clinic.

## Step 3:

[Announcements](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)[Monday, May 09, 2011](#)  
[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][QUICK LINKS >>](#)[Click Here To Select v](#)

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Microderm  
Treatment Number: 1  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date: Signature:

01/17/2011

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

\*These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247078066. Chart completed on 01/17/2011 for treatment at the Rockville clinic.

## Step 4:



LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

[Announcements v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)

QUICK LINKS &gt;&gt;

[Click Here To Select v](#)

## Treatment Record Questionnaire 2

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Microderm  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

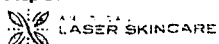
1. Is patient on AmeriPure Skin Care?\* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?\* ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?\*   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?\* ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247078066. Chart completed on 01/17/2011 for treatment at the Rockville clinic.

## Step 5:

[Announcements v](#)[Scheduler v SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)

Monday, May 09, 2011

[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

[Click Here To Select v](#)

## Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

## Client Information

Patient Name: Myra Terrell  
DOB: 10/24/58  
Center Name: Rockville  
Technician: (Employee ID) 2624

## Microdermabrasion Chart

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

## Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
1	13128247078066	01/17/2011	Face	10 - 10

## Notes

Also her arm

## Answer Questions 1-4

1. Post Treatment skin reaction?
2. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 2a. AmeriPure sun block applied? ☒ Yes ☐ No
3. Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: Staff Signature:

01/17/2011

[Update Chart](#)

Myra Terrell (Patient ID 1312824) Chart number 13128247078066. Chart completed on 01/17/2011 for treatment at the Rockville clinic.

---

Step 6/Photos:  
Chart # 13128247078066 Photos

Myra Terrell

[Close Window]



2011-01-17 10:51:42.547



Myra Terrell (Patient ID 1312824) Chart number 13128247208216. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247208216. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

**Step 1:**

LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

[Announcements](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)**Create Chart For Patient**

QUICK LINKS &gt;&gt;

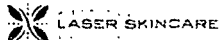
[Click Here To Select v](#)[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)**Procedures****Select Procedure(s) for Chart:**

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

[Update Chart Procedure](#)

Myra Terrell (Patient ID 1312824) Chart number 13128247208216. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

## Step 2:

[Announcements v](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)

Monday, May 09, 2011

[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

[Click Here To Select v](#)

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

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

**Heritage**

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☒ 10 Points

If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add

☐ 5 Points**Summary**

Total Score

Skin Type Score 45

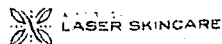
[Update Assessment](#)

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

spacer

Myra Terrell (Patient ID 1312824) Chart number 13128247208216. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

## Step 3:

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011

American Laser Learning v

Marketing v

Call Center v

Product v

Email

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Chin  
Treatment Number: 2  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date: Signature:

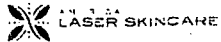
02/11/2011

Update Questionnaire ----&gt;

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247208216. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

## Step 4:

[Announcements v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)

Monday, May 09, 2011

[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

[Click Here To Select v](#)

## Treatment Record Questionnaire 2

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Chin  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?\* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☐ Yes ☒ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT? ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?\*   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?\* ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\* ☐ Yes ☒ No

[Update Questionnaire 2 -->](#)

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247208216. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

## Step 5:



LASER SKINCARE

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011

American Laser Learning v

Marketing v

Call Center v

Product v

Email

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

## Client Information

Client Name: Myra Terrell  
DOB: 10/24/58  
Center Name: Rockville  
Technician: (Employee ID) 3302

## Laser Hair Removal Chart

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

## Laser for Procedure

Laser Selected Aurora/Amerilight (NEW)

## Laser Test Area

ID Test Area  
13128247000361 Face - Left forehead or behind ears

## Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
2	13128247208216	02/11/2011	VI	F 10 T 25	F 10 T 16	Long	15	F 10 T 12	Aurora/Amerilight (NEW)

## Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
2	13128247208216	02/11/2011	VI	23	10	Long	15	3 - 12	Aurora/Amerilight (NEW)

## Notes

Tolerated tx well. No concerns.

## Answer Questions 1-5

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

I verify that this form is complete and correct.

Date:

Staff Signature:

02/11/2011

Update Chart

Myra Terrell (Patient ID 1312824) Chart number 13128247208216. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

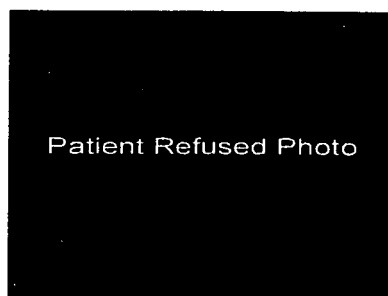
---

**Step 6 / Photos:**

Chart # 13128247208216 Photos

Myra Terrell

[Close Window]



2011-02-11 10:31:24.543

Myra Terrell (Patient ID 1312824) Chart number 13128247208368. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

Action:

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

Patient Chart ID 13128247208368 History

Chart ID #: 13128247208368

Date Created: 2011-02-11 10:31:40.323

Transactions Processed

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 Submitted	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



Myra Terrell (Patient ID 1312824) Chart number 13128247208368. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

**Step 1:**

LASER SKINCARE

[Announcements v](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)

Monday, May 09, 2011

[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

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

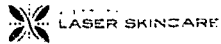
\* Please select the procedure that will be treated in this chart.

QUICK LINKS &gt;&gt;

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

Myra Terrell (Patient ID 1312824) Chart number 13128247208368. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

## Step 2:


[Announcements](#)  
[Applications v](#)
[Scheduler v](#)  
[SiteMap](#)
[Database v](#)
[Accounting v](#)
[HR v](#)

Monday, May 09, 2011

[American Laser Learning v](#)
[Marketing v](#)
[Call Center v](#)
[Product v](#)
[Email](#)
ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

[Click Here To Select v](#)

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

- ☐ Many      ☐ Several      ☐ Few      ☐ Incidental      ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

- ☒ Never      ☐ Seldom      ☐ Sometimes      ☐ Often      ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

- ☐ Never      ☐ Hardly Ever      ☐ Sometimes      ☒ Often      ☐ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☐ 10 Points

If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

## Total Score

Skin Type Score 35

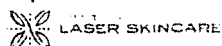
[Update Assessment](#)

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

spacer

Myra Terrell (Patient ID 1312824) Chart number 13128247208368. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

## Step 3:

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011  
American Laser Learning v

Marketing v

Call Center v

Product v

Email

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Jaw  
Treatment Number: 2  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date: Signature:

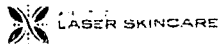
02/11/2011

Update Questionnaire --&gt;

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247208368. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

## Step 4:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][Announcements v](#)  
[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](#)

## Treatment Record Questionnaire 2

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Jaw  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

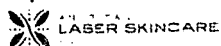
1. Is patient on AmeriPure Skin Care?\* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☐ Yes ☒ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?\* ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?\*   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?\* ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\* ☐ Yes ☐ No

[Update Questionnaire 2 -->](#)

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247208368. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

## Step 5:



Monday, May 09, 2011

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

[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 &gt;&gt;

Click Here To Select v

[1](#) - [2](#) - [3](#) - [4](#) - [5](#)

## Treatment Record Laser Settings

## Client Information

Client Name: Myra Terrell  
 DOB: 10/24/58  
 Center Name: Rockville  
 Technician: (Employee ID) 3302

## Laser Hair Removal Chart

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

## Laser for Procedure

Laser Selected Aurora/Amerilight (NEW)

## Laser Test Area

ID Test Area

13128247000484 Face - Left forehead or behind ears

## Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
2	13128247208368	02/11/2011	VI	F 10 T 25	F 10 T 16	Long	15	F 0 T 12	Aurora/Amerilight (NEW)

## Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
2	13128247208368	02/11/2011	VI	23	10	Long	15	3 - 12	Aurora/Amerilight (NEW)

## Notes

Tolerated tx well. No concerns.

## Answer Questions 1-5

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

I verify that this form is complete and correct.

Date: Staff Signature:

02/11/2011

Update Chart

Myra Terrell (Patient ID 1312824) Chart number 13128247208368. Chart completed on 02/11/2011 for treatment at the Rockville clinic.

---

**Step 6/Photos:**

Chart # 13128247208368 Photos

Myra Terrell

[Close Window]



2011-02-11 10:32:52.997

Myra Terrell (Patient ID 1312824) Chart number 13128247259145. Chart completed on 02/21/2011 for treatment at the Rockville clinic.

Action:

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

Patient Chart ID 13128247259145 History

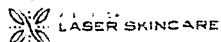
Chart ID #: 13128247259145

Date Created: 2011-02-21 17:32:52.377

Transactions Processed

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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247259145. Chart completed on 02/21/2011 for treatment at the Rockville clinic.

**Step 1:**

Monday, May 09, 2011

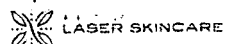
ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][Announcements  
Applications v](#)[Scheduler v  
SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)[QUICK LINKS >>](#)[Click Here To Select v](#)**Create Chart For Patient**[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)**Procedures****Select Procedure(s) for Chart:**

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



Myra Terrell (Patient ID 1312824) Chart number 13128247259145. Chart completed on 02/21/2011 for treatment at the Rockville clinic.

## Step 2:

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

Monday, May 09, 2011

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

- ☐ Many    ☐ Several    ☐ Few    ☐ Incidental    ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

- ☒ Never    ☐ Seldom    ☐ Sometimes    ☐ Often    ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

- ☐ Never    ☐ Hardly Ever    ☐ Sometimes    ☐ Often    ☒ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☐ 10 Points

If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

Total Score

Skin Type Score 36

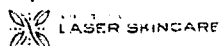
Update Assessment

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

spacer

Myra Terrell (Patient ID 1312824) Chart number 13128247259145. Chart completed on 02/21/2011 for treatment at the Rockville clinic.

## Step 3:



ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

Announcements  
Applications v

Scheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS >>

Click Here To Select v

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Microderm  
Treatment Number: 2  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date: Signature:

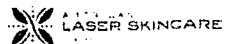
02/21/2011

Update Questionnaire ---->

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247259145. Chart completed on 02/21/2011 for treatment at the Rockville clinic.

## Step 4:



Monday, May 09, 2011

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

[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 &gt;&gt;

[Click Here To Select v](#)

## Treatment Record Questionnaire 2

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Microderm  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

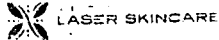
1. Is patient on AmeriPure Skin Care?\* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?\* ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?\*   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?\* ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\* ☐ Yes ☒ No

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

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247259145. Chart completed on 02/21/2011 for treatment at the Rockville clinic.

## Step 5:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

① - ② - ③ - ④ - ⑤

## Treatment Record Laser Settings

## Client Information

Patient Name: Myra Terrell  
DOB: 10/24/58  
Center Name: Rockville  
Technician: (Employee ID) 2624

## Microdermabrasion Chart

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

## Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
2	13128247259145	02/21/2011	Face	9 - 10

## Notes

## Answer Questions 1-4

1. Post Treatment skin reaction? ☒ good
2. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 2a. AmeriPure sun block applied? ☒ Yes ☐ No
3. Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: Staff Signature:

02/21/2011

Update Chart

Myra Terrell (Patient ID 1312824) Chart number 13128247259145. Chart completed on 02/21/2011 for treatment at the Rockville clinic.

---

Step 6/Photos:  
Chart # 13128247259145 Photos

Myra Terrell

[Close Window]



2011-02-21 17:34:05.793

Myra Terrell (Patient ID 1312824) Chart number 13128247333278. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247333278. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

## Step 1:



LASER SKINCARE

[Announcements v](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)

Monday, May 09, 2011

[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

[Click Here To Select v](#)

## Create Chart For Patient

① - ② - ③ - ④ - ⑤

## Procedures

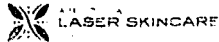
Select Procedure(s) for Chart:

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

[Update Chart Procedure](#)

Myra Terrell (Patient ID 1312824) Chart number 13128247333278. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

## Step 2:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

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

**Heritage**

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☒ 10 Points

If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add

☐ 5 Points**Summary**

Total Score

Skin Type Score 46

Update Assessment

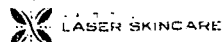
Skin Type Score	Skin Type
0 to 8	I
9 to 16	II
17 to 24	III
25 to 30	IV
31 to 34	V
35 and over	VI

spacer



Myra Terrell (Patient ID 1312824) Chart number 13128247333278. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

## Step 3:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][Announcements v](#)  
[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](#)

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Chin  
Treatment Number: 3  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date: Signature:

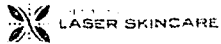
03/07/2011

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

\*These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247333278. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

## Step 4:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][Announcements 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](#)

## Treatment Record Questionnaire 2

[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Chin  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

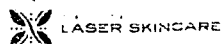
1. Is patient on AmeriPure Skin Care?\* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?\* ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?\*   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?\* ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\* ☐ Yes ☒ No

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

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247333278. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

## Step 5:

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

Monday, May 09, 2011

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

① - ② - ③ - ④ - ⑤

## Treatment Record Laser Settings

## Client Information

Client Name: Myra Terrell  
 DOB: 10/24/58  
 Center Name: Rockville  
 Technician: (Employee ID) 2640

## Laser Hair Removal Chart

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

## Laser for Procedure

Laser Selected Aurora/Amerilight (NEW)

## Laser Test Area

ID Test Area  
 13128247000361 Face - Left forehead or behind ears

## Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
3	13128247333278	03/07/2011	VI	F 10 T 25	F 10 T 16	Long	15	F 10 T 12	Laser Aurora/Amerilight (NEW)

## Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
3	13128247333278	03/07/2011	VI	25	10	Long	15	0 - 12	Laser Aurora/Amerilight (NEW)

## Notes

Test spotted for next tx. at Long, OF 11, RF 25, 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)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction? mild pinkness which subsided within 10 minutes
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: Staff Signature:

03/07/2011

Update Chart

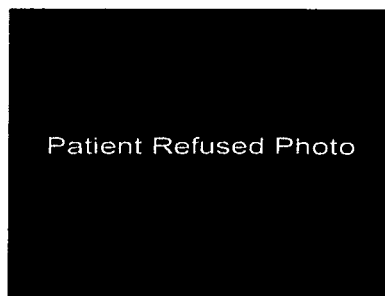
Myra Terrell (Patient ID 1312824) Chart number 13128247333278. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

---

Step 6/Photos:  
Chart # 13128247333278 Photos

Myra Terrell

[Close Window]



2011-03-07 18:25:23.147

Myra Terrell (Patient ID 1312824) Chart number 13128247333482. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

Action:

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

Patient Chart ID 13128247333482 History

Chart ID #: 13128247333482

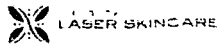
Date Created: 2011-03-07 18:25:34.257

Transactions Processed

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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247333482. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

## Step 1:

[Announcements v](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)Monday, May 09, 2011  
[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

[Click Here To Select v](#)

## Create Chart For Patient

[①](#) - [②](#) - [③](#) - [④](#) - [⑤](#)

## Procedures

Select Procedure(s) for Chart:

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

[Update Chart Procedure](#)

Myra Terrell (Patient ID 1312824) Chart number 13128247333482. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

## Step 2:



LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][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 &gt;&gt;

[Click Here To Select v](#)

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

- ☐ Many      ☐ Several      ☐ Few      ☐ Incidental      ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

- ☒ Never      ☐ Seldom      ☐ Sometimes      ☐ Often      ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

- ☐ Never      ☐ Hardly Ever      ☐ Sometimes      ☐ Often      ☒ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☐ 10 Points

If Latin American, Asian-Pacific Islanders, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

## Total Score

Skin Type Score 36

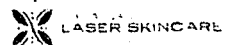
[Update Assessment](#)

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

spacer

Myra Terrell (Patient ID 1312824) Chart number 13128247333482. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

## Step 3:

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011

American Laser Learning v

Marketing v

Call Center v

Product v

Email

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

QUICK LINKS &gt;&gt;

Click Here To Select v

① - ② - ③ - ④ - ⑤

## Treatment Record Questionnaire 1

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Jaw  
Treatment Number: 3  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date: Signature:

03/07/2011

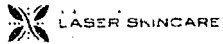
Update Questionnaire ----&gt;

\* 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 4:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][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](#)

## Treatment Record Questionnaire 2

[1](#) - [2](#) - [3](#) - [4](#) - [5](#)

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Jaw  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

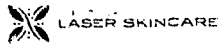
1. Is patient on AmeriPure Skin Care?\* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?+ ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?\*   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?+ ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\* ☐ Yes ☐ No

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

\* These Are Required Fields

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]

Monday, May 09, 2011

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

## Client Information

Client Name: Myra Terrell  
 DOB: 10/24/58  
 Center Name: Rockville  
 Technician: (Employee ID) 2640

## Laser Hair Removal Chart

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

## Laser for Procedure

Laser Selected Aurora/Amerilight (NEW)

## Laser Test Area

ID Test Area  
 13128247000484 Face - Left forehead or behind ears

## Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
3	13128247333482	03/07/2011	VI	F 10 T 25	F 10 T 16	Long	15	F 0 T 12	Aurora/Amerilight (NEW)

## Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
3	13128247333482	03/07/2011	VI	25	10	Long	15	0 - 12	Aurora/Amerilight (NEW)

## Notes

Test spotted, for next tx. AT OF 11, RF 12, Long, Isl&amp;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)? ☐ Yes ☒ No
2. Was ice pack applied? ☒ Yes ☐ No
3. Post Treatment skin reaction? mild pinkness which subsided within a few minutes
4. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 4a. AmeriPure sun block applied? ☒ Yes ☐ No
5. Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date: Staff Signature:

03/07/2011

Update Chart

Myra Terrell (Patient ID 1312824) Chart number 13128247333482. Chart completed on 03/07/2011 for treatment at the Rockville clinic.

---

**Step 6/Photos:**

Chart # 13128247333482 Photos

Myra Terrell

[Close Window]



2011-03-07 18:26:54.593

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

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 Submitted	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

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

**Step 1:**

LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

[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 &gt;&gt;

[Click Here To Select v](#)**Create Chart For Patient**

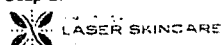
① - ② - ③ - ④ - ⑤

**Procedures****Select Procedure(s) for Chart:**

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

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

## Step 2:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

☐ Many    ☐ Several    ☐ Few    ☐ Incidental    ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

☒ Never    ☐ Seldom    ☐ Sometimes    ☐ Often    ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

☒ Never    ☐ Hardly Ever    ☐ Sometimes    ☐ Often    ☐ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☐ 10 Points

If Latin American, Asian-Pacific Islanders, Mediteranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

Total Score

Skin Type Score 32

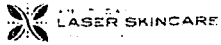
Update Assessment

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

spacer

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

## Step 3:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][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 &gt;&gt;

[Click Here To Select v](#)

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Microderm  
Treatment Number: 3  
Skin Type: V

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

## Please fill out questions 1-10

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

Date: Signature:

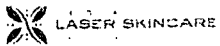
03/29/2011

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

\* These Are Required Fields

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

## Step 4:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][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 &gt;&gt;

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

## Treatment Record Questionnaire 2

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Microderm  
Treatment Number: 1  
Skin Type: V

## Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?\* ☒ Yes ☐ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?# ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on improvement:
5. How long did patient stay pink?#   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?# ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?# ☐ Yes ☒ No

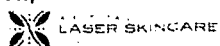
[Update Questionnaire 2 --->](#)

\* These Are Required Fields



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

## Step 5:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][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 &gt;&gt;

[Click Here To Select v](#)

## Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

## Client Information

Patient Name: Myra Terrell  
DOB: 10/24/58  
Center Name: Rockville  
Technician: (Employee ID) 2624

## Microdermabrasion Chart

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

## Microdermabrasion Chart Settings

#	ID	Date	Body Part	Treatment Settings
3	13128247451096	03/29/2011	Face	10 - 10

## Notes

## Answer Questions 1-4

1. Post Treatment skin reaction?
2. AmeriPure Post Treatment Lotion applied? ☒ Yes ☐ No
- 2a. AmeriPure sun block applied? ☒ Yes ☐ No
3. Post Instructions have been given verbally and written-on first treatment? ☒ Yes ☐ No

I verify that this form is complete and correct.

Date:

Staff Signature:

03/29/2011

[Update Chart](#)

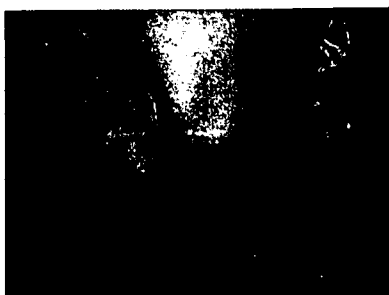
Myra Terrell (Patient ID 1312824) Chart number 13128247451096. Chart completed on 03/29/2011 for treatment at the Rockville clinic.

---

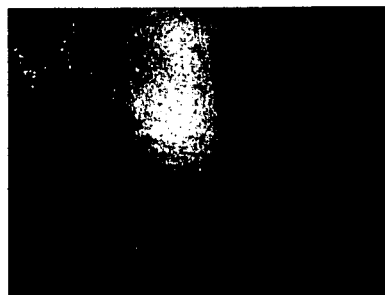
Step 6/Photos:  
Chart # 13128247451096 Photos

Myra Terrell

[Close Window]



2011-03-29 19:01:51.313



2011-03-29 19:01:53.687



2011-03-29 19:01:55.767

Myra Terrell (Patient ID 1312824) Chart number 13128247567261. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247567261. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

**Step 1:**

LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][Announcements v](#)  
[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 &gt;&gt;

[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](#)

Myra Terrell (Patient ID 1312824) Chart number 13128247567261. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

## Step 2:



LASER SKINCARE

Monday, May 09, 2011

ALC Partner Scheduler Application 1

Welcome rcombe: [Logout]

[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 &gt;&gt;

[Click Here To Select v](#)

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

☐ Many
     
 ☐ Several
     
 ☐ Few
     
 ☐ Incidental
     
 ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

☒ Never
     
 ☐ Seldom
     
 ☐ Sometimes
     
 ☐ Often
     
 ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

☐ Never
     
 ☐ Hardly Ever
     
 ☐ Sometimes
     
 ☒ Often
     
 ☐ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☐ 10 Points

If Latin American, Asian-Pacific Islanders, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

## Total Score

Skin Type Score 35

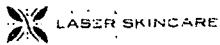
[Update Assessment](#)

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

spacer

Myra Terrell (Patient ID 1312824) Chart number 13128247567261. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

## Step 3:



Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Chin  
Treatment Number: 4  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date: Signature:

04/20/2011

Update Questionnaire ---&gt;

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247567261. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

## Step 4:



LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][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 &gt;&gt;

[Click Here To Select v](#)

## Treatment Record Questionnaire 2

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Chin  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?\* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?\* ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?\*   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?\* ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\* ☐ Yes ☒ No

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

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247567261. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

## Step 5:

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

Monday, May 09, 2011

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

## Client Information

Client Name: Myra Terrell  
 DOB: 10/24/58  
 Center Name: Rockville  
 Technician: (Employee ID) 3302

## Laser Hair Removal Chart

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

## Laser for Procedure

Laser Selected: Aurora/Amerilight (NEW)

## Laser Test Area

ID: 13128247000361  
 Test Area: Face - Left forehead or behind ears

## Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
4	13128247567261	04/20/2011	VI	F 10 T 25	F 10 T 16	Long	15	F 0 T 12	Aurora/Amerilight (NEW)

## Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
4	13128247567261	04/20/2011	VI	23	10	Long	15	7 - 12	Aurora/Amerilight (NEW)

## Notes

Perttua NP started treatment on client. Adverse reaction noted post first pulse. client stated discomfort after first pulse. Nicole M. NP completed treatment. Unable to increase OF setting to 11 d/t elevated ISM's. Client tolerated the rest of procedure. Picture taken Aquaphor applied to site and ice given.

## Answer Questions 1-5

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

I verify that this form is complete and correct.

Date:

Staff Signature:

04/20/2011

Update Chart



Myra Terrell (Patient ID 1312824) Chart number 13128247567261. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

---

**Step 6/Photos:**

Chart # 13128247567261 Photos

Myra Terrell

[Close Window]



2011-04-20 17:28:45.803

Myra Terrell (Patient ID 1312824) Chart number 13128247567556. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

Action:

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

Patient Chart ID 13128247567556 History

Chart ID #: 13128247567556

Date Created: 2011-04-20 17:29:04.063

Transactions 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 Submitted	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

Myra Terrell (Patient ID 1312824) Chart number 13128247567556. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

**Step 1:**

LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1

Welcome rcombe: [Logout]

[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 &gt;&gt;

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

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

[Update Chart Procedure](#)

Myra Terrell (Patient ID 1312824) Chart number 13128247567556. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

## Step 2:



LASER SKINCARE

Monday, May 09, 2011

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout][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 &gt;&gt;

[Click Here To Select v](#)

## Skin Type Assessment Form

① - ② - ③ - ④ - ⑤

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

## Genetic Disposition

## 1. What is the color of your eyes?

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

## 2. What is your natural hair color?

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

## 3. What is the color of your skin?

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

## 4. Do you have freckles?

- ☐ Many      ☐ Several      ☐ Few      ☐ Incidental      ☒ None

## Reaction to Sun Exposure

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

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

## 2. To what degree does your skin turn brown?

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

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

- ☒ Never      ☐ Seldom      ☐ Sometimes      ☐ Often      ☐ Always

## 4. How does your face react to the sun?

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

## Tanning Habits

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

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

## 2. Was the treatment area exposed?

- ☐ Never      ☐ Hardly Ever      ☐ Sometimes      ☒ Often      ☐ Always

## Heritage

If Father is of African American or East Indian descent add

☒ 10 Points

If Mother is of African American or East Indian descent add

☐ 10 Points

If Latin American, Asian-Pacific Islanders, Mediterranean, or native or indigenous to the Americas add

☐ 5 Points

## Summary

## Total Score

Skin Type Score 35

[Update Assessment](#)

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

spacer

Myra Terrell (Patient ID 1312824) Chart number 13128247567556. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

## Step 3:



LASER SKINCARE

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

Monday, May 09, 2011

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Questionnaire 1

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Jaw  
Treatment Number: 4  
Skin Type: VI

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

## Please fill out questions 1-10

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

Date:

Signature:

04/20/2011

Update Questionnaire ----&gt;

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247567556. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

## Step 4:



LASER SKINCARE

[Announcements v](#)  
[Applications v](#)[Scheduler v](#)  
[SiteMap](#)[Database v](#)[Accounting v](#)[HR v](#)

Monday, May 09, 2011

[American Laser Learning v](#)[Marketing v](#)[Call Center v](#)[Product v](#)[Email](#)ALCPartner Scheduler Application 1  
Welcome rcombe: [\[Logout\]](#)

QUICK LINKS &gt;&gt;

[Click Here To Select v](#)

## Treatment Record Questionnaire 2

① - ② - ③ - ④ - ⑤

## Patient Information

Patient Name: Myra Terrell  
Treatment Area: Jaw  
Treatment Number: 1  
Skin Type: VI

## Please fill out questions 1-8

1. Is patient on AmeriPure Skin Care?\* ☐ Yes ☒ No If no, then introduce products to your patient.
2. Have photos been taken?\* ☒ Yes ☐ No (Take before all treatments)
3. Is patient tan BY YOUR ASSESSMENT?\*: ☐ Yes ☒ No  
Date of last exposure:
4. Client comments on hair reduction:
5. How long did patient stay pink?\*:   
Any concerns from last treatment?
6. Did patient use topical anesthetic cream?\*: ☐ Yes ☒ No If yes, wipe off with water thoroughly.
7. Does the patient have keloid scarring?\*: ☐ Yes ☐ No

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

\* These Are Required Fields

Myra Terrell (Patient ID 1312824) Chart number 13128247567556. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

## Step 5:



LASER SKINCARE

ALCPartner Scheduler Application 1  
Welcome rcombe: [Logout]

Monday, May 09, 2011

Announcements  
Applications vScheduler v  
SiteMap

Database v

Accounting v

HR v

American Laser Learning v

Marketing v

Call Center v

Product v

Email

QUICK LINKS &gt;&gt;

Click Here To Select v

## Treatment Record Laser Settings

① - ② - ③ - ④ - ⑤

## Client Information

Client Name: Myra Terrell  
 DOB: 10/24/58  
 Center Name: Rockville  
 Technician: (Employee ID) 3302

## Laser Hair Removal Chart

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

## Laser for Procedure

Laser Selected Aurora/Amerilight (NEW)

## Laser Test Area

ID Test Area

13128247000484 Face - Left forehead or behind ears

## Laser Test Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
4	13128247567556	04/20/2011	VI	F 10 T 25	F 10 T 16	Long	15	F 0 T 12	Aurora/Amerilight (NEW)

## Laser Hair Removal Chart Settings

#	ID	Date	Skin Type	RF	OF	P Type	ISL	ISM	Laser
4	13128247567556	04/20/2011	VI	23	10	Long	15	7 - 11	Aurora/Amerilight (NEW)

## Notes

Perttua NP started treatment on client. Adverse reaction noted post first pulse. client stated discomfort after first pulse. Nicole M. NP completed treatment. Unable to increase OF setting to 11 d/t elevated ISM's. Client tolerated the rest of procedure. Picture taken Aquaphor applied to site and ice given.

## Answer Questions 1-5

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

I verify that this form is complete and correct.

Date: Staff Signature:

04/20/2011

Update Chart

Myra Terrell (Patient ID 1312824) Chart number 13128247567556. Chart completed on 04/20/2011 for treatment at the Rockville clinic.

---

Step 6/Photos:  
Chart # 13128247567556 Photos

Myra Terrell

[Close Window]



2011-04-20 17:31:54.407

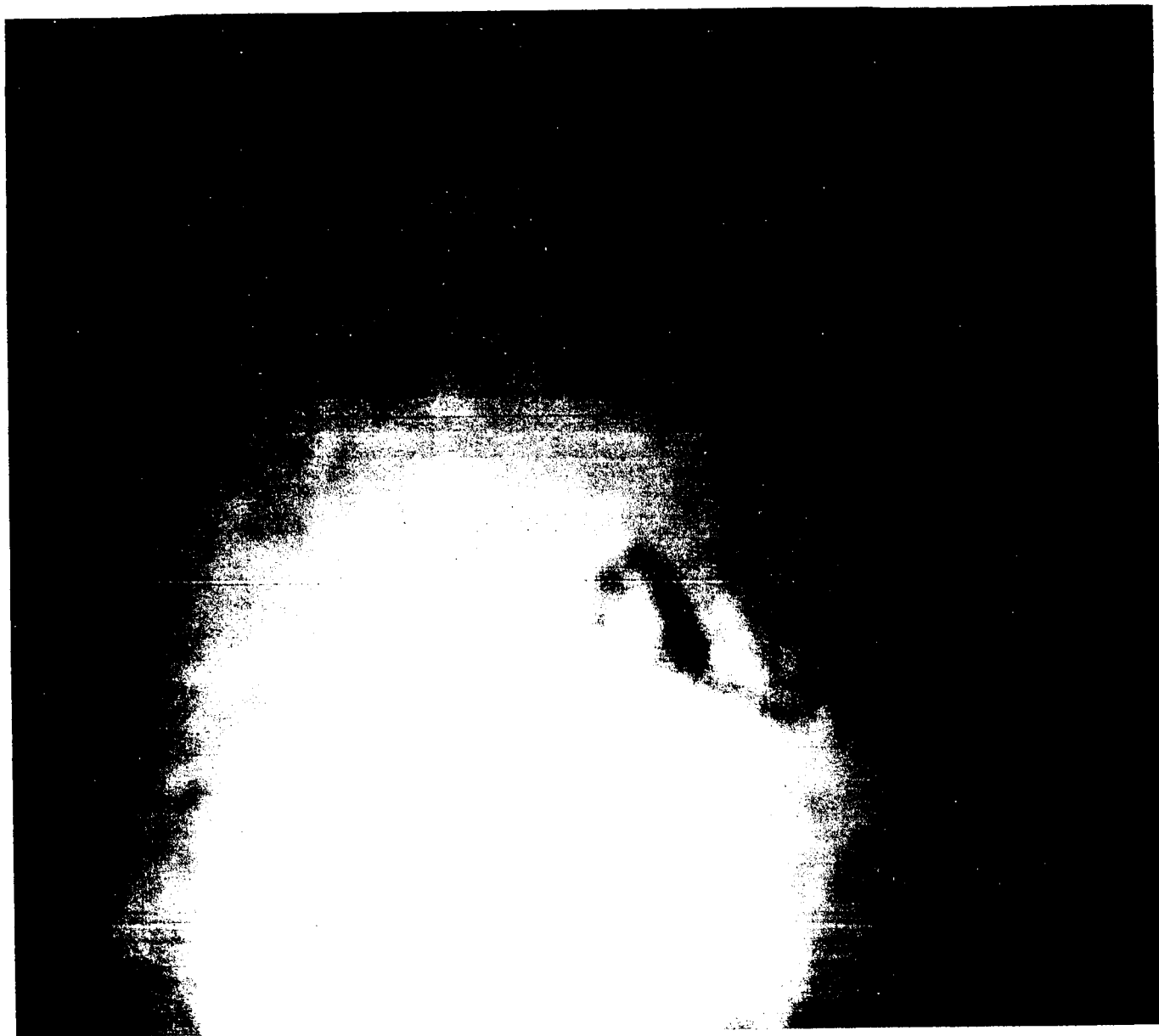












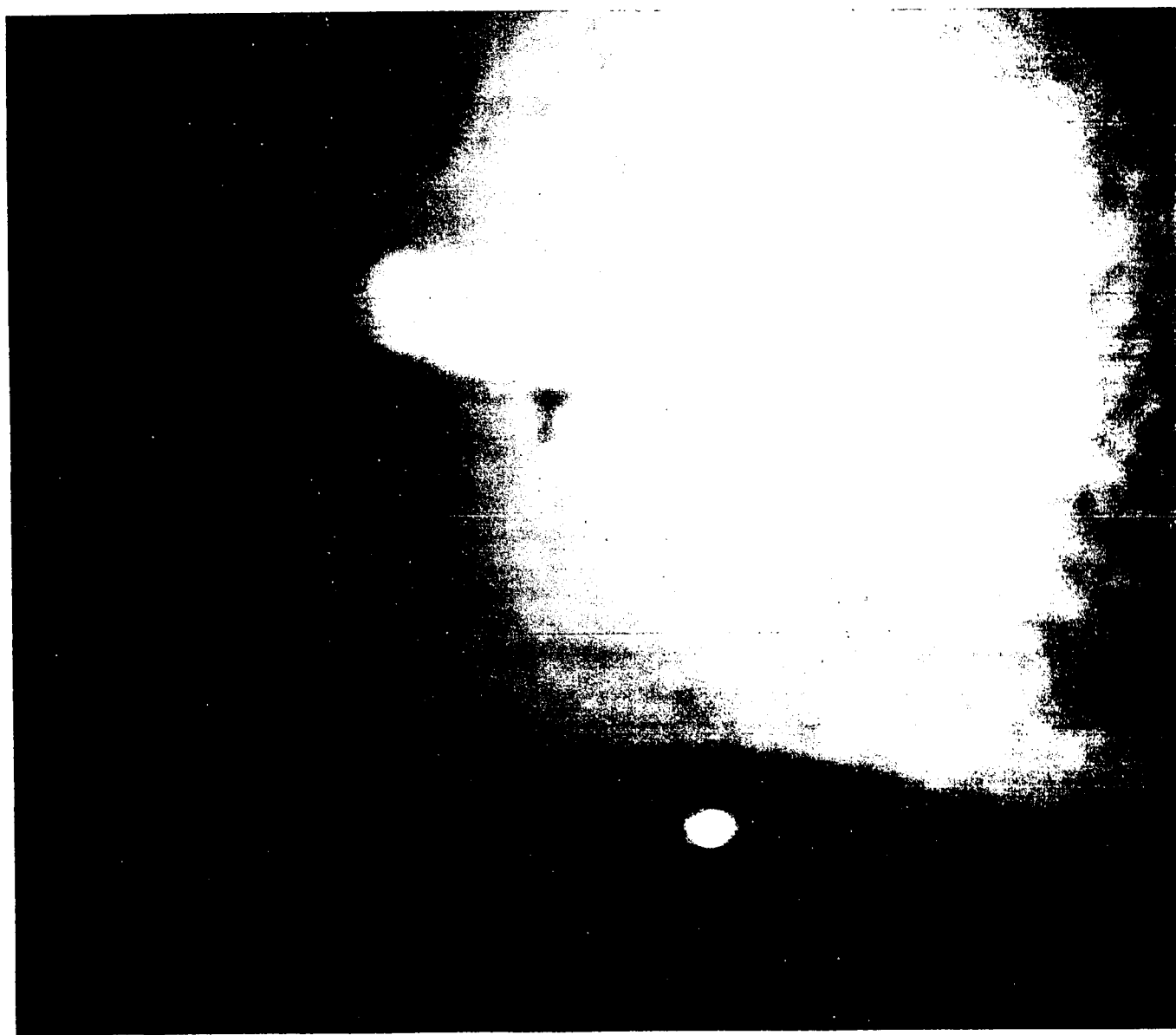


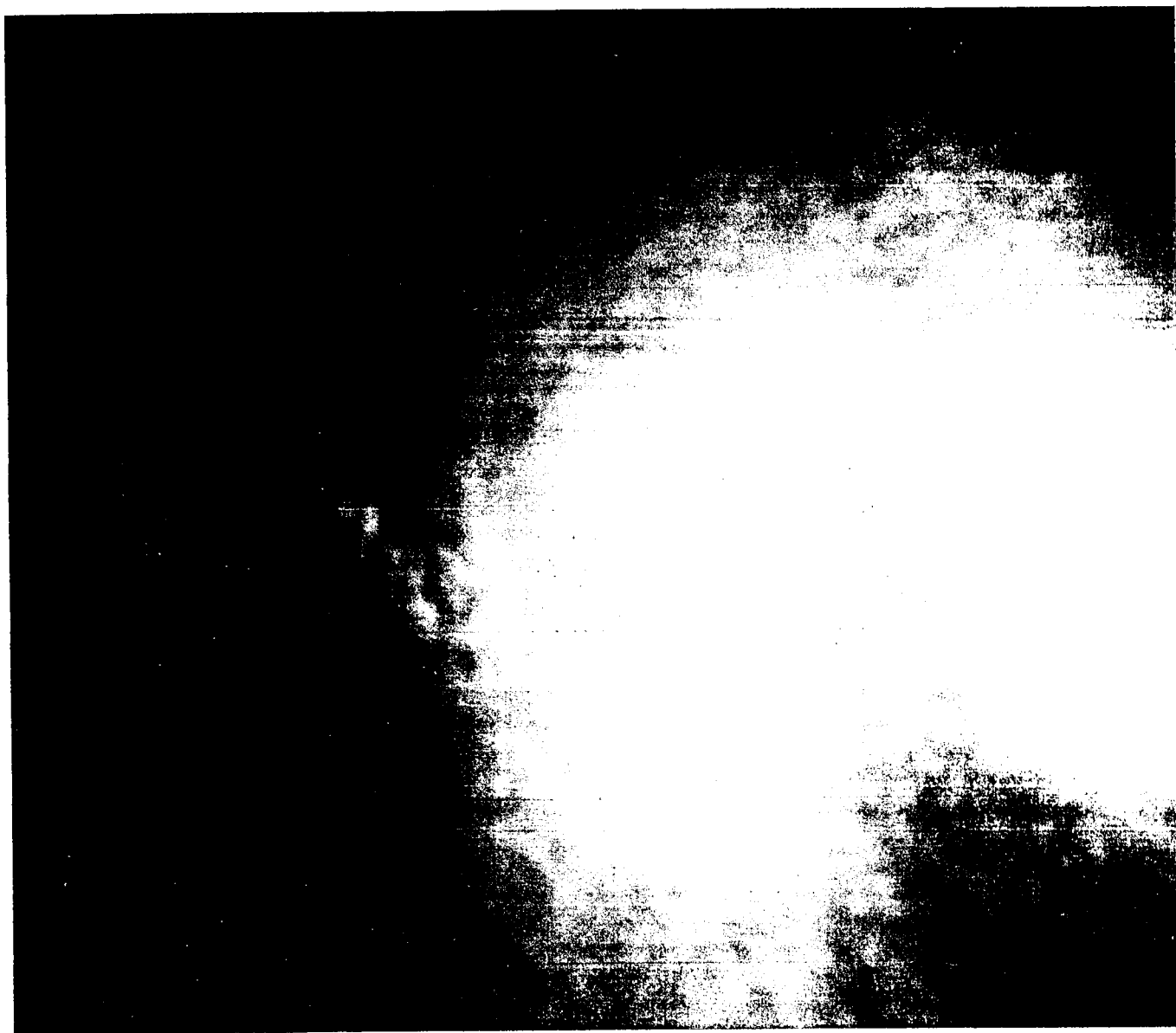
387 S 0

11

16/11/12

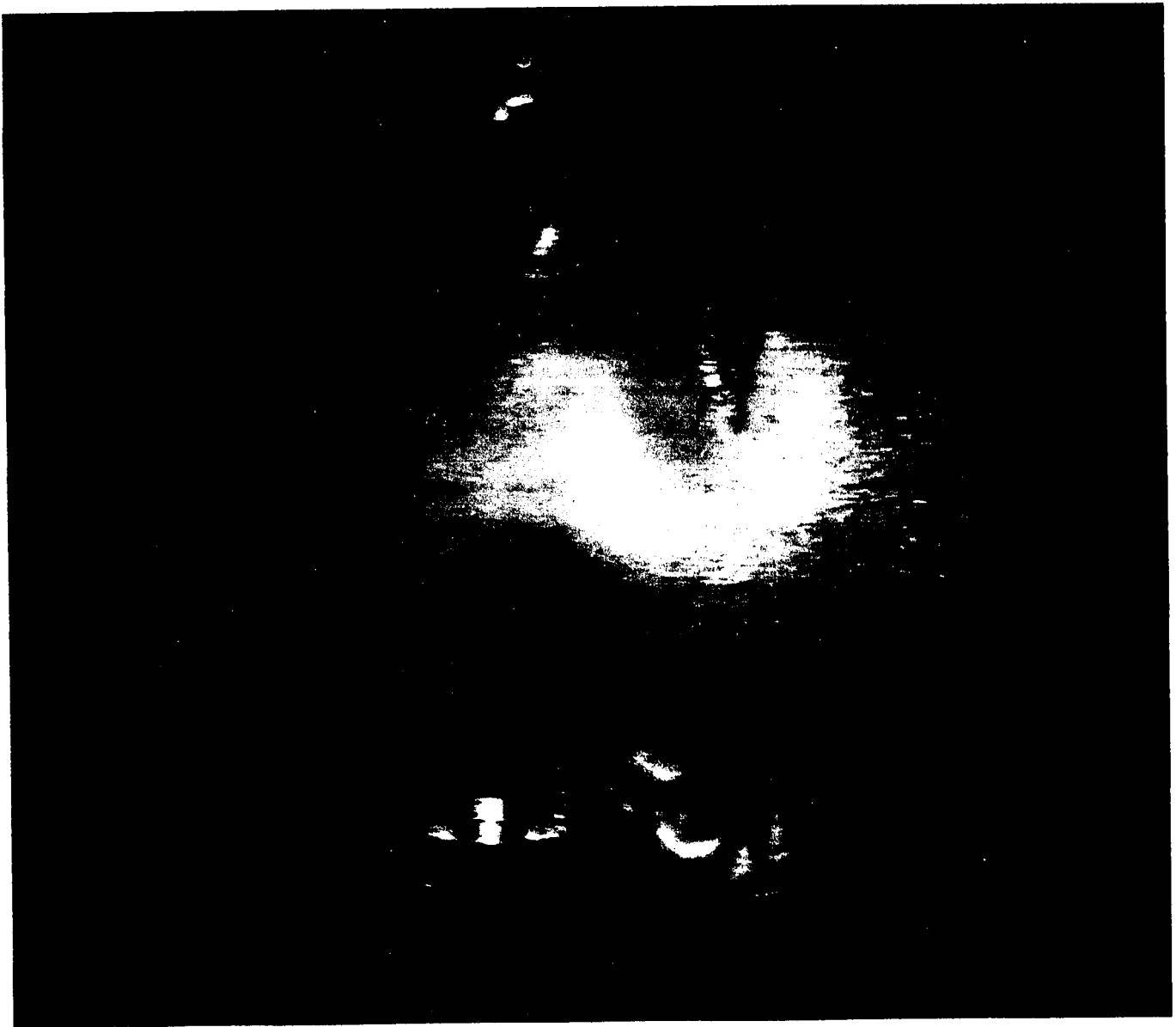
8

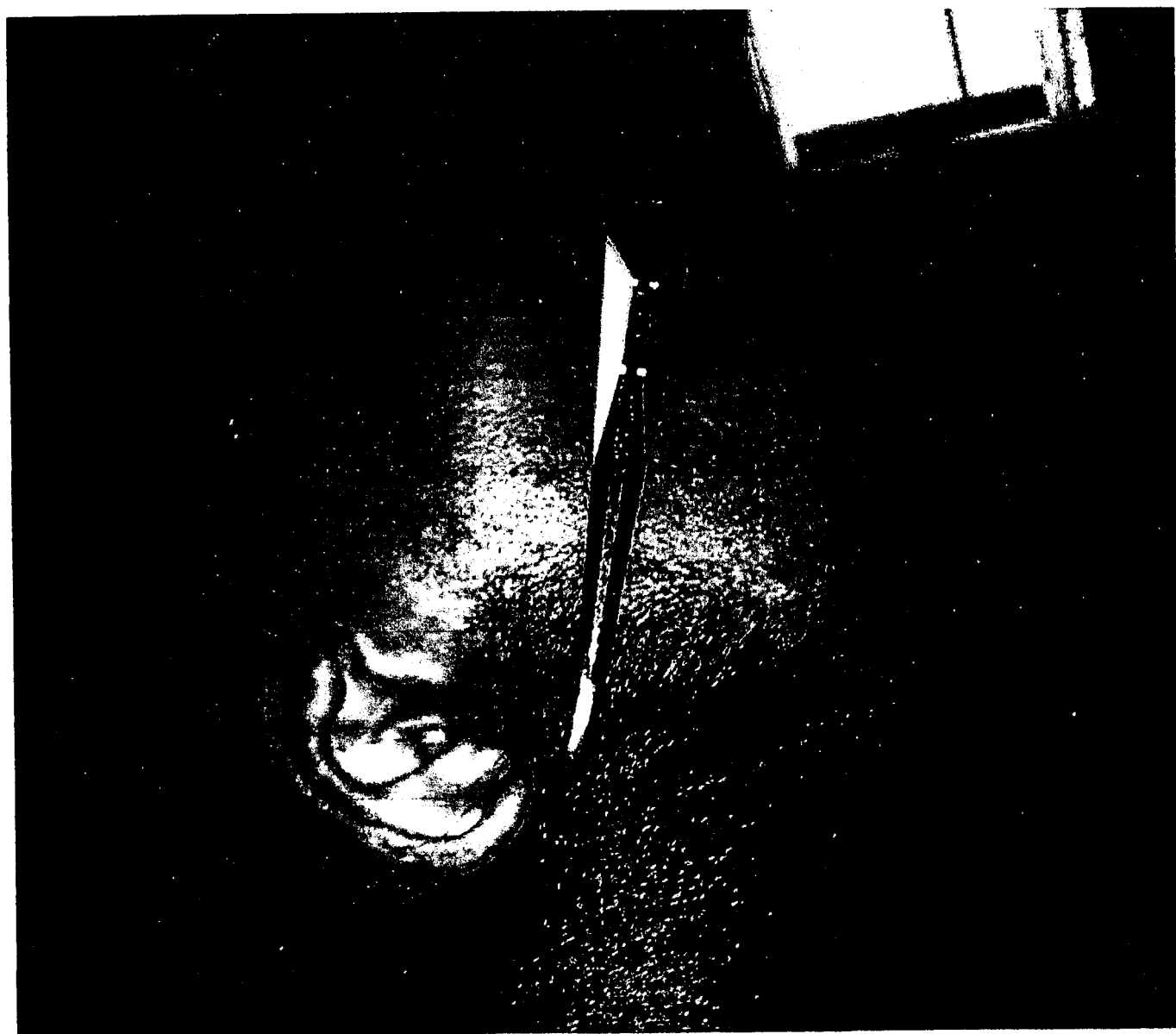


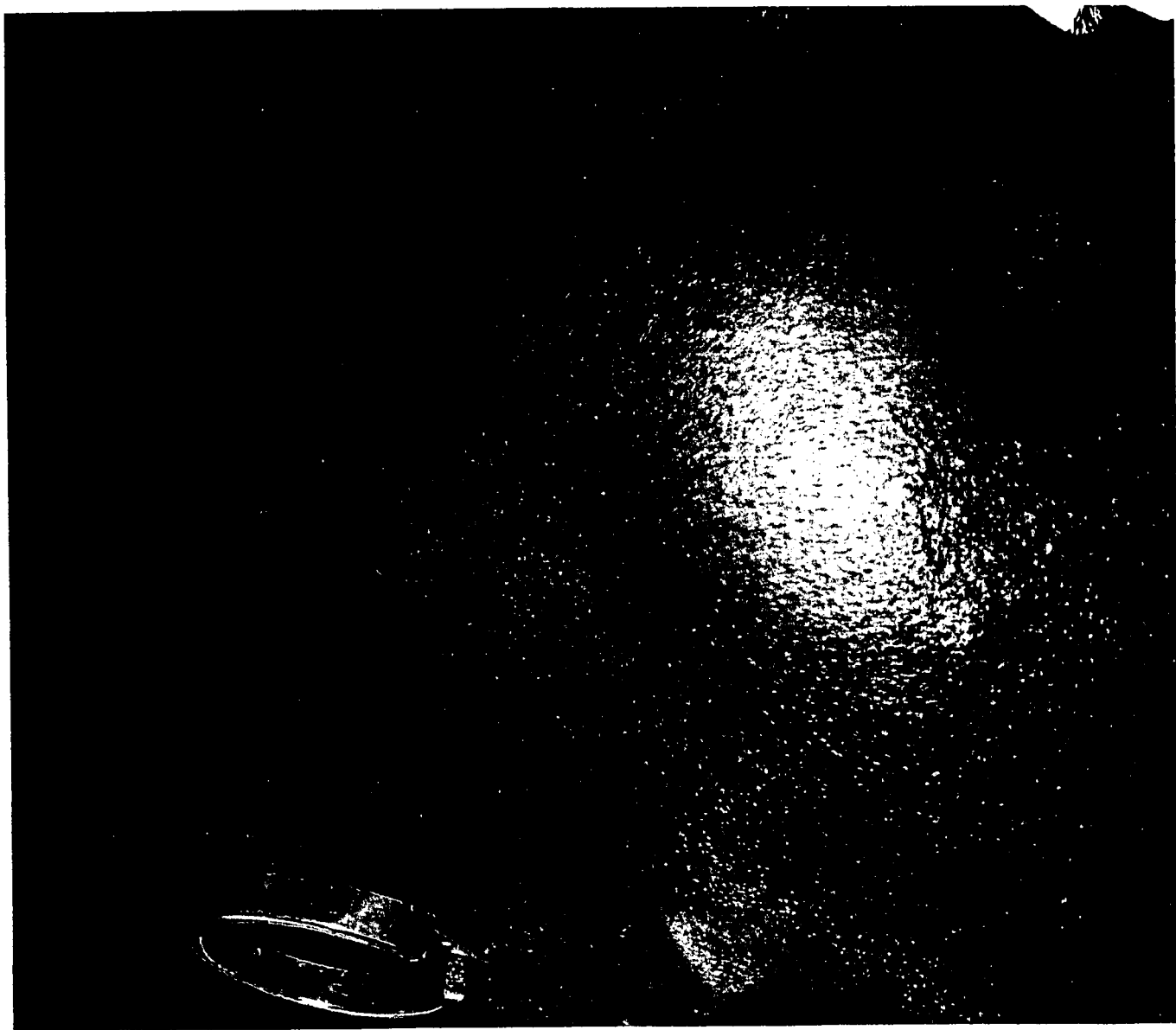














**American Laser Centers - Rockville**

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
				Amount Due:	<b>455.57</b>

kchoate



## American Laser Centers

Laser Hair Removal | Skin Rejuvenation  
Cellulite Reduction | Body Contouring

### TREATMENT AND FINANCIAL AGREEMENT

Client Name: Myra Terrell

Date: 12/29/2010

Service	# of Treatments	Treatment Area	Price	Discount	Final
Laser Hair Removal.	6	Chin	1560	BOGC	0
		Jaw	1560	-400	1160
Microdermabrasion	1	Full Face + Neck.	167 <sup>94</sup>	Promo	0
	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.
- All payments are nonrefundable except as set forth in this agreement.

Client/Guardian Signature: Myra Terrell

Date: 12/29/10

Staff Signature: KDmca

Date: 12/29/2010

## INSTALLMENT SALES AGREEMENT

This agreement is made between Myra Terrell (Buyer)

and American Laser Centers (Seller) on the 29<sup>th</sup> day of December, 2010.

Services Purchased: Laser Hair Removal : Chin & Jaw

Total Price: \$1160

Down Payment: \$590 (Minimum down payment is 10%)

Unpaid Balance: \$570 (Total Price minus Down Payment)

### Payment Schedule:

	Date Due	Amount Due	Office Use (Date Paid)
1.	<u>Price to 3<sup>rd</sup> tx.</u>	<u>\$570</u>	<u>                    </u>
2.	<u>                    </u>	<u>                    </u>	<u>                    </u>
3.	<u>                    </u>	<u>                    </u>	<u>                    </u>

1. **Payment.** Seller sells Buyer the services described above (the "Services") upon the terms set forth above. Buyer, given the choice of paying full price or making installments agrees to pay to Seller or its assigns payments as set forth in the above payment schedule. **In any event, the total amount of the purchase price stated above must be paid in full to the Seller on or before the 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 Seller 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 Terrell

By: KD Chene

Date: 12/29/2010



## American 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 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 (301) 255-0005.

I have read and agree to the instructions above.

Client Signature: Myra Terrell

Date: 12/29/10

Staff Signature: [Signature]

Date: 12/29/2010





## American Laser Centers

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 MT

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.

I have read and understand all information presented to me before signing this consent form. I have had ample opportunity to ask any questions regarding laser hair removal, side effects and after care.

Client/Guardian Signature Myla Terrell Date 12/29/10  
 Staff Signature [Signature] Date 12/29/10

# 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 carry 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.

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

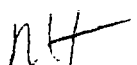
**Payment:** Your protected health/personal information will be used, if requested, to obtain payment for your services. For example, if you desire to finance the costs of your treatments, this may involve disclosing relevant protected private information in order to obtain approval.

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

We may use or disclose your protected health/personal information in the following situations without your authorization. These situations include: as required by law; public health issues as required by law, communicable diseases; health oversight; abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coroners, funeral directors and organ donation; research; criminal activity and national security; workers' compensation; inmates; required uses and disclosures. Under the law, we must make disclosure to you and, when required by the Secretary of the 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:

Print Name: Miya Terrell Signature: Miya Terrell Date: 12/29/10



## American Laser Centers

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) 255-0005. We look forward to seeing you at your next appointment.

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

Client Signature: [Signature]

Date: 12/29/10

Staff Signature: [Signature]

Date: 12/29/2010



# Consent for Microdermabrasion

---

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

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

Patient Signature

*Miguel Terrell*

Date

*12/29/10*

Witness Signature

*K. Choo*

Date

*12/29/10*

Parent/Legal Guardian Signature (If Patient is a Minor):

Date

Location: Fockville, mp.

# CHRISTIAN, ASHIN & BROWN, P.C.

Attorneys at Law

---

7305 Baltimore Avenue • Suite 305 • College Park, Maryland 20740  
Tel (301) 277-9171 • Fax (301) 699-1068  
www.dcmetroinjurylaw.com

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

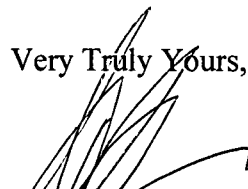
Dear Sir/Madam,

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.

Very Truly Yours,



Brian M. Timian

BMT/enw  
Enclosures

UNITED STATES POSTAGE

 PITNEY BOWES

\$007.26<sup>00</sup>

02 1P

AUG 16 2012

0002941200

MAILED FROM ZIP CODE 20740



Priority Mail  
ComBassPrice

# FIRST CLASS MAIL

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

RECEIVED

AUG 20 2012

# BMC GROUP



