Pristine Wellness Center

Consent Form for Cosmetic Procedures

The purpose of this consent form is to provide you with written information regarding the risks, benefits, and alternatives to the procedures listed. This material serves as a supplement to the discussion you should have with your doctor(s)/healthcare professional(s). It is important for every patient to fully understand this information, so please read the relevant parts of this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing this consent form. It is suggested you keep a copy of this form for yourself.

This consent form includes information and disclosures regarding all procedures done at Pristine Wellness Center. Please read the section(s) concerning the procedure(s) that are relevant to you and fill out the form at the end of this document. Signing this consent **does not** mean that you will undergo all procedures listed.

Although good results are expected, the possibility and nature of complications cannot be accurately anticipated and, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. No procedure is completely risk-free. The risks indicated in this document may occur, but there may also be unforeseen risks and complications that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to treat. If complications occur, the patient is financially responsible for additional and corrective treatments.

Notice to all Patients:

Medical doctors are licensed and regulated by the Medical Board of California. To check up on a license or to file a complaint go to : www.mbc.ca.gov

Email: licensecheck@mbc.ca.gov or call (800) 633-2322

Important note to all patients:

If you face any life-threatening situation such as difficulty breathing or any other symptom of allergic reaction, call 911.

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Dermal Fillers

Treatment with dermal fillers (such as Juvederm, Restylane, RHA collection of fillers, and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These Dermal fillers are injected under the skin. This produces natural appearing volume under wrinkles and folds which are lifted and smoothed out.

The results can often be seen immediately. Not every patient is a good candidate for dermal filler. Patients who are older than 65 or have excessive volume loss, might not benefit from dermal filler since the results might not be satisfactory due to the puffiness of the face after injecting a large volume of fillers to replace the volume loss. Due to the high risk of serious complications (vascular occlusion and skin necrosis or blindness), we do not inject fillers in the forehead, frown lines, and the nose area.

There are fillers that stimulate collagen as they absorb and have longer-lasting results which are called biostimulators, such as Sculptra and Radiesse.

RISKS AND COMPLICATIONS

Since there is a higher risk of blindness in cases of filler injection on the nose area or the nasal bridge, we do not inject any filler in the nose area (including in frown lines and nasal bridge).

The risk of blindness is present (rare, but possible) in any type of filler and any area on the face.

No procedure is completely risk-free.

The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. In the case of complications, the patient is financially responsible for additional treatments. Asymmetry is a potential complication that might need additional treatment to achieve symmetry. The patient is responsible to cover the expenses of additional treatments if needed.

It has been explained to the patient that there are certain inherent and potential risks and side effects in any invasive procedure. In this specific instance, such risks include but are not limited to: post-treatment discomfort, swelling, redness, bruising, and discoloration, post-treatment infection associated with any transcutaneous injections, allergic reactions, reactivation of herpes (cold sores), lumpiness, visible yellow or white patches, granuloma formation, localized necrosis and/or sloughing (with scabs and/or without scabs if blood vessel occlusion occurs), scabbing, bruising, redness, and swelling, visibly raised areas or bumpiness at/around the treatment site, asymmetry, overcorrection, or under-correction, unpredictable persistence of filler (either shorter or longer than anticipated), and prolonged discoloration of the skin such as brown, grayish, bluish, or reddish discoloration.

Fillers may stay under the skin for a much longer time than predicted by their respective manufacturing companies. Fillers may migrate to areas that are not the target area for treatment. The filler material may extrude from the skin in rare cases; prolonged or severe swelling and rare granulomas or firm nodules may form. Benign tumor formation (keratoacanthomas), allergic reaction with itchiness, redness, and in extremely rare cases, generalized allergic response such as whole-body swelling, respiratory problems, and shock are also known risks.

Other complications may include scarring (although this is extremely rare), skin breakdown or ulceration, blindness, and skin necrosis (in cases of too much filler compromising the perfusion of the tissue due to pressure on arteries).

Anaphylactic reaction—especially in patients who have a history of anaphylactic reaction or allergy to gram-positive bacteria—is another risk. Many fillers have traces of gram-positive bacteria.

Injectable gels can cause injection-site redness, swelling, pain, tenderness, firmness, lumps/bumps, bruising, discoloration, dryness, and itching that might take up to 4 weeks to resolve.

If laser treatment, chemical peels, or any other procedure is done after treatment, or if the product is administered before the skin has healed completely, there is a possible risk of an inflammatory reaction at the treatment site.

If Hyaluronidase (Hylenex, the enzyme dissolving the filler) is needed to dissolve the filler after treatment, the patient is responsible for payment.

By signing this consent for the injection of dermal fillers, you agree that:

• I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers.

• I certify that | do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.

• I do not have any bleeding disorder or allergy to gram-positive bacteria. I also confirm that I have not had any fillers in treatment areas during the last six to eight months.

PREGNANCY AND ALLERGIES

By signing this consent for the injection of dermal fillers, you agree that:

- I am not aware that I am pregnant.
- I am not trying to get pregnant or lactating (nursing).

ALTERNATIVE PROCEDURES

By signing this consent for the injection of dermal fillers, you agree that:

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

RESULTS

Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines, and folds in the skin on the face. Their effects can last from 6 months to 12-18 months, although some patients metabolize them faster, and there is no guarantee regarding the duration of the effect.

Most patients are pleased with the results of dermal fillers use. However, like any aesthetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. Dermal filler procedure(s) are temporary, and additional treatments will be required periodically, mainly involving additional injections to maintain the desired effect.
By signing this consent for the injection of dermal fillers, you agree that:

- I am aware that follow-up treatments may be needed to maintain the full effects of dermal fillers.

- I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and lifestyle conditions, genetics, and sun exposure. The effects of dermal fillers, depending on these factors, may last

up to 6 months; in some cases, the effects last for shorter periods, and in some cases they last longer than 2 years. I have been instructed in and understand the post-treatment instructions.

• I understand this is an elective procedure and hereby voluntarily consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, establishing proper lip and smile lines, and replacing facial volume.

• The indications and contraindications for dermal fillers were explained to me and any questions I had were answered prior to the procedure.

• I agree to undergo the injection of fillers for their indicated purposes on this consent and understand the risks and potential side effects.

• I am aware that filler treatment is not permanent.

AFTER CARE

Avoid exercise (including yoga), massages (either facial or body) for two days, and sleep on your back rather than on your sides for 48 hours.

You may take Tylenol to control pain, although excessive pain is not expected and if you experience high levels of pain you should inform your doctor immediately.

If you notice any discoloration (other than bruising) or severe pain, you need to inform your doctor quickly in order to rule out vascular occlusion.

Bruising is a common side effect and might last up to two weeks. For more information about specific fillers, refer to the clinic website at : www.pristinewellnesscenter.com

Sculptra (Poly L Lactic Acid, PLLA)

The following information is provided by the manufacturer of Sculptra.

INDICATIONS

1. Facial fat loss (lipoatrophy) (Sculptra): Intradermal or SubQ: ~0.05-0.2 mL per individual injection depending on the technique used; ~20 injections may be needed per cheek. Treatment should be individualized. Separate treatments by 22 weeks. A typical course involves 3-6 treatments. Supplemental injections may be needed. For patients with severe facial fat loss, the average treatment requires ~1 vial per cheek area per treatment.

2. Facial wrinkles (Sculptra Aesthetic): Intradermal: 0.1 to 0.2 mL per individual injection to a maximum of 2.5 mL per nasolabial fold as a single treatment; may repeat the treatment at 3-4 week intervals up to 4 times. “At pristine wellness center we inject Sculptra in the Nasolabial folds, temple, cheeks, pre-auricular, marionette lines as well as the jaw line and the angle of the jaw”.

ADVERSE REACTIONS

The following adverse drug reactions and incidences are derived from product labeling unless otherwise specified:
Greater than 10% Risk: Dermatologic: Bruising (1% to 65%) Hematologic: Hematoma (up to 28%) Local: Injection site: Edema (3% to 81%), tenderness (81%), redness (78%), pain (71%), papules (3% to 52%), bleeding (34%), pruritus (20%), nodules (3%) Miscellaneous: Discomfort (up to 19%)

1% to 10% Risk:
Central nervous system: Fever (<5%) Local: erythema (up to 10%)

Injection site reactions (<5%)
Post-marketing/case reports: Allergic reaction, angioedema, brittle nails, colitis, ectropion, fatigue, hair breakage, hypersensitivity reaction, hypertrophy, joint aches, malaise, periorbital nodules, photosensitivity, rash, scar/skin discoloration, skin infection, skin roughness, skin sarcoidosis, telangiectasia, urticaria, visible nodules, malar edema when injecting in the temple area (swelling and bruising under the eyes)
Injection site reactions: Abscess, atrophy, discharge, fat atrophy, granuloma, induration.

CONTRAINDICATIONS

• Hypersensitivity to poly-L-lactic acid or any component of the formulation; history or susceptibility to hypertrophic scarring or keloid formation.

WARNINGS/PRECAUTIONS AND CONCERNS RELATED TO ADVERSE EFFECTS

• Injection-site reactions: Injection-site reactions including, bleeding, bruising, edema, erythema, bumps and lumps, nodules, and inflammation, have occurred within days to months after injection.

• Photosensitivity: Patients should be instructed to limit exposure to excessive sunlight or UV lamps until any swelling or redness is resolved.

DISEASE-RELATED CONCERNS

1. Bleeding disorders: Use with caution in patients with bleeding disorders and patients on anticoagulant therapy; may have increased risk of hematoma, bleeding, or bruising at the injection site. Inform the doctor if this applies to you.

2. Skin infection/inflammation: Patients with an active skin infection or inflammation, skin eruptions (such as cysts, pimples, rashes, or hives) in or near the treatment area should not undergo treatment until the inflammatory or infectious processes have been controlled. Treatment carries a risk of infection.

WARNINGS FOR SPECIFIC POPULATIONS

Non-Caucasians: Safety and efficacy in non-Caucasians are limited. This means that testing in melanin-rich skin by the manufacturer is limited.

Women: Safety and efficacy are limited in women with HIV.

Appropriate use: Avoid use with implants. Avoid overcorrection of contour deficit; improvement occurs over weeks of treatment.

Safety and efficacy have not been established for use in the lips or periorbital area. Safety and efficacy have not been established for use in larger amounts, at different frequencies, at sites other than deep dermis of nasolabial folds, with different techniques, or at sites with previous dermal fillers. Treatment for >25 months has not been studied.

1. Concomitant use with laser, chemical peeling procedures, or other procedures may increase the risk of inflammation at the implant site, especially prior to the complete healing of the skin.

2. Sculptra Aesthetic has not been evaluated in immunocompromised patients.
3. Experienced physician: Should be administered by an experienced healthcare provider who has the appropriate training, experience, and knowledge of anatomy at the injection site, and knowledge of aseptic technique.
4. Radiopaque: Patients should inform healthcare providers that

they are receiving poly-L lactic acid; microparticles of poly-L-lactic acid may be visible on CT scans, MRIs, ultrasound, or X-rays.
• Metabolism/Transport Effects: None known.
• Pregnancy Considerations: Reproduction studies have not been conducted. Safety for use in pregnant women or lactation has not been established.

• Mechanism of Action*:* Poly-L-lactic acid is an immunologically inert synthetic polymer. It increases dermal thickness by causing a local reaction leading to an increase in collagen deposits. It is eventually degraded and undergoes resorption.

• *Onset of action:* Weeks to months for the full effect of treatment. The number of vials needed is based on the patient's age, one vial for every decade injected over 3 sessions, one month apart. Some patients with more severe volume loss might need more than 3 sessions.

Injection of Sculptra in any area other than Nasolabial folds is "off-label". There is no FDA-approved filler for the under-eye area.

During the treatment with Sculptra, patients should avoid any anti-inflammatory medications such as Advil, omega 3, or steroids.

In general, there is no visible change after the first treatment.

There is no enzyme to dissolve Sculptra or Radiesse.

Radiesse

The following information is provided by the manufacturers of Radiesse.

Radiesse has calcium hydroxylapatite (CaHA) microspheres suspended in an aqueous gel carrier. Once injected, it provides immediate volume and correction and continues to work by stimulating the body to produce its own natural collagen for a long-lasting effect. Over time, the gel is absorbed and the body metabolizes the CaHA microspheres, leaving your own collagen to fill the gaps. The triple effect of Radiesse: vertical lifting, sharpened contours, neocollagenesis. Radiesse restores the body's natural structure from within, has a strong regenerative effect, contours and defines the lower face and jawline. The results last from 12-24 months, an average of 15 months.

The most common adverse events seen in clinical studies of Radiesse used in the hands include bruising, redness, swelling, pain, itching, nodules or bumps/lumps, difficulty performing activities, loss of sensation, and other local side effects. The most common adverse events seen in clinical studies of Radiesse used in the face include bruising, redness, swelling, pain, itching, and other local side effects.

Radiesse or Radiesse plus (which has added lidocaine) are used to increase volume on the cheeks, chin, and jawline. Hyper Diluted Radiesse (HDR) refers to when Radiesse is diluted in bacteriostatic water and lidocaine. It works by increasing the volume in the face, nasolabial folds, neck, and hands. HDR is off-label and might be injected in any area that has volume loss. The risks and precautions are the same as Sculptra. Radiesse is also radiopaque and visible in imaging studies. The same as Sculptra, there is no enzyme to dissolve it if the results are not satisfactory.

We can treat face, neck, décolletage, thighs, buttock or arms with HDR.

We might need to inject STS (Sodium ThioSulfate) if the results are not satisfactory and the patient is responsible to pay for it. There is a risk of skin necrosis or Hemorrhage with use of STS. Bumps and lumps are possible side effects but less common than Sculptra.

HDR for neck and hands needs two vials in each session and at least 3 sessions, one month apart.

Radiesse (CaHA) is a well known biostimulatory agent rather than a volumizing filler to improve skin quality and firmness in both face and body.

Radiesse is a biocompatible, biodegradable, and resorbable biostimulatory filler containing calcium hydroxyapatite (CaHA) microspheres that can stimulate the endogenous production of collagen.

It is a unique product that provides both volume replacement and collagen biostimulation as a primary mechanism of action.

Initial augmentation is afforded by the presence of the carrier carboxymethylcellulose gel with the implant itself, but after approximately 9–12 months, the CaHA particles are degraded into

calcium and phosphate and are eliminated through the renal system.

The result is a long-lasting aesthetic improvement for 18 months with tight and elastic skin and increased skin thickness.

When used in hyperdiluted form (diluted to total volume of 3 to 9 ml from each 1.5 ml vial), Radiesse has a minimal or absent

immediate volumizing effect due to carboxymethylcellulose gel dispersion, generating only long-term tissue remodeling by the CaHA microspheres and allowing its injection more superficially for dermal rejuvenation and the treatment of larger areas.

Radiesse is biocompatible and non – allergenic volumizing dermal filler manufactured by Merz Pharma, which is injected into the skin in order to relieve facial folds like wrinkle lines. It contains microspheres of calcium hydroxyapatite, which are suspended in water based gel.

Radiesse is a great choice for correcting facial asymmetries and for facial contouring, softening the lines of the nasolabial folds,contouring of the jaw line, the cheeks and the chin.

Radiesse is perfect for patients that are looking a fast way to re-contour different areas of their face. Besides its power to replace lost volume, it also stimulates the production of collagen, in order to promote a long lasting improvement.

Radiesse gel contains calcium hydroxylapatite, which is naturally found in teeth and bones.

The results can last between 12 and 15 months. At the beginning, for the first few months, it works just like any other dermal filler, after a few months, the microspheres of this product encourage the development of your own natural collagen. The body harmlessly absorbs the microspheres, but the new collagen remains, and as a result it provides a long – lasting rejuvenating effect.

Which areas can we treat with HDR?

hyperdiluted CaHA for the face, neck, décolletage, buttocks, thighs, arm, abdomen, knee, and elbow. There are areas on the face that we should not use HDR including forehead, around the eyes

and around the mouth as well as temple (deep injection in the temple since we are not able to aspirate the syringe due to thickness of the material).

Mechanism of action: results come from a controlled inflammatory process that generates a predominantly fibroblastic reaction with replacement of the aqueous gel by a dense deposit of collagen type I and Elastin. Some providers use even super dilute Radiesse (1:6) and notice increase in the production of type 1 collagen and elastin 7 months after injection and found that it improved neck and décolletage laxity after 2 sessions with a 4-month interval.

In some studies, there was increased volume of the soft tissue even after 2 1/2 years of injection and complete absorption of the Radiesse, showed by MRI.

Some research shows improvement of the thickness of the skin after 2 or more treatments with intervals of 4 weeks. We titrate the dilution based on the skin condition.

Needle or cannula: Depend on the depth of the insertion, we might choose needle or cannula.

Cannula has the advantage of less trauma, less pain, less risk of vascular occlusion, less bruising and more precise placement of the product. As the part of the aging process, some enzymes that are able to break down collagen and elastin become more active, and as the result of those activities, we lose collagen and elastin, droopiness, losing tightness of the ligaments and volume loss.

Radiesse produces progressive, natural, and discrete volume restoration, contouring, and skin tightening by increasing the level of type I collagen and Elastin.

Although CaHA use for neck and décolletage treatment is off-label, its ability to induce extracellular matrix remodeling after sub dermal injection may have a significant impact on reducing fine wrinkling, improving skin quality, and promoting local skin tightening.

There is no enzyme to dissolve Radiesse. If you do not like the results, there is no way to reverse it. In cases that there is a clump of Radiesse in one area, we can inject normal saline to disperse it.

COMMON SIDE EFFECTS

Temporary headache

Swelling around the injection area

Bruising around the injection area

Mild numbness or tingling in the injection area

Temporary nausea

No improvement after undergoing treatment.

Over correction and nodule formation are the common potential side effects, vascular occlusion is another rare but possible side effect.

After injection:

avoid the sun, tanning (ultraviolet)lights, sauna and intense facial treatments post procedurally.

Massage area gently if palpable nodules become present.

Promote facial rest for one week by encouraging patients to limit talking, smiling and laughing.

Swelling and numbness is common after the procedure. Swelling will usually resolve within 7-10

days but it may persist for several weeks. Numbness should resolve within 4-6 weeks.

The biggest risk associated with fillers, is allowing a provider that has no previous training and

license do the procedure.

IMORTANT:

Radiesse must not be used if pregnant or breastfeeding.

References:

www.prsglobalopen.com (HDR Brazilian study)

Neuromodulators (Botulinum toxin) : Daxxify/Dysport/Botox/ Xeomin

Dysport/Botox/Xeomin/ Daxxify injections involve a series of small subcutaneous injections designed to weaken certain muscles that cause skin wrinkling. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7-14 days. Results can last 3-6 months. The procedure can be repeated after 4 months; however, injections given at less than 3-month intervals may not produce a noticeable effect. The lines that only appear during muscle movement are called “ Dynamic lines” and the lines that are visible without muscle movement are called “ Static lines”. If lines are visible when the facial muscles are relaxed, a neuromodulator alone may not be enough to completely remove them.

In these cases, it may be beneficial to use other modalities to replace lost volume. The results will vary from patient to patient, and may last less than three months.

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin include but are not limited to: PRF, laser ablation, chemical peels, dermal filler, minimally invasive procedures such as thread lift and facelift. Alternative forms of treatment are all associated with certain risks.

Post injection care:

For 48 hours after the injection, you should not do any exercise or bending, no hot sauna for 48 hours either.

No procedures or massage in the treated area up to two weeks, since the neuromodulator can still spread to the muscles that we do not want to paralyze up to two weeks. If you need to have a follow up after injection, it needs to be done during the first two weeks after the injection.

Risk of Daxxify/Dysport/Botox/Xeomin injections

Every procedure involves a certain amount of risk, and you must understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them to make sure you understand the risks, potential complications, and consequences of these injections. These include: bleeding, bruising, infections, unsatisfactory results, allergic reactions, drooping of the eyelids (ptosis) or eyebrows, and requiring additional corrective procedures. It is possible, though unusual, to experience localized

bleeding episodes during or after the procedure at the site(s) of injection. Bruising is usually resolved in less than two weeks. Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary. You may be disappointed with the results of the procedure. The procedure may result in unacceptable visible deformities, loss of function, and/or loss of sensation. In rare cases, local allergies to botulinum toxin preparations (including Daxxify, Dysport, Botox, and Xeomin) have been reported.

Problems swallowing, speaking, or breathing, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months.

Spread of toxin effects. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, and trouble swallowing.

Neuromodulators may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of the injection. **If this happens, do not drive a car, operate machinery, or do other dangerous activities**.

Serious and/or immediate allergic reactions have been reported. They include: itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Get medical help right away if you are wheezing or have asthma symptoms, or if you become dizzy or faint. In case you experience any of these symptoms, you need to call 911 or go to the nearest emergency room.

Other side effects include : dry mouth; discomfort or pain at the injection site; tiredness; headache; neck pain; and eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids and eyebrows, swelling of your eyelids and dry eyes.

Systemic reactions, which are more serious, may result from any medication or substance used during the procedure. Allergic and/or systemic reactions may require additional treatment.

Ptosis (droopiness) of the eyebrow or eyelid is a rare but transient complication occurring in 1-2% of patients. The incidence can be minimized by positioning post injections. Ptosis usually resolves within several weeks but may take longer. Should complications occur, other treatments may be necessary. There are no antidotes for neuromodulators.

Daxxify/Dysport/Botox/Xeomin (botulinum toxin A) is a prescription injection for temporary improvement in the look of moderate to severe frown lines between the eyebrows (f lines) in **adults between 18 to 65 years of age**.

Important Safety Information: After the injection do not bend or do any exercise or sauna or rubbing or massaging of the treated area for 48 hours. Sleep on your back for 48 hours. For up to two weeks, there is a risk of spreading the neurotoxin to other muscles, and you should not have any other procedures done in the treated areas.

SPREAD OF TOXIN EFFECTS

In some cases, the effects of all botulinum toxin products may affect areas of the body away from the injection site. Symptoms can happen hours to weeks after injection and may include

swallowing and breathing problems, loss of strength and muscle weakness all over the body, double vision, blurred vision, and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, or loss of bladder control. Swallowing and breathing problems can be life-threatening and there have been reports of death. You are at the highest risk if these problems are pre-existing before injection. These effects could make it unsafe for you to drive a car, operate machinery, or do other dangerous activities.

CONTRAINDICATIONS

You should not have these procedures if you are allergic to these or any of its ingredients, allergic to cow's milk protein, had an allergic reaction to any other botulinum toxin products, have a skin infection at the planned injection site, under 18 years of age, or are pregnant or breastfeeding.

IMPORTANT NOTE

The dose of Dysport or Daxxify are not the same as the dose of any other botulinum toxin product and cannot be compared to the dose of any other products you may have used. Estimated dose: Botox and Xeomin are the same dose units but every 2 units of Daxxify and 2 1/2 units of Dysport are roughly equal to 1 unit of Botox or Xeomin.

Tell your doctor about any swallowing or breathing difficulties and all your muscle or nerve conditions such as amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), myasthenia gravis, or Lambert Eaton syndrome, which may increase the risk of serious side effects including difficulty swallowing and difficulty breathing.

Serious allergic reactions have occurred with the use of Daxxify/ Dysport/Botox/Xeomin. Dry eyes and headaches have also been reported.

By signing this consent form, you agree to its terms and understand that you are responsible to inform Dr. Izadi about all of your medical conditions, including if you have surgical changes to your face, very weak muscles in the treatment area, any abnormal facial change, injection site inflammation, droopy eyelids or sagging eyelid folds, deep facial scars, thick oily skin, wrinkles that can't be smoothed by spreading them apart, or if you are pregnant or breastfeeding or planning to become pregnant or breastfeed (in female patients) as well as all the medicines you take; this includes prescription and nonprescription medicines, vitamins, and herbal and other natural products.

Using botulinum toxin A with certain other medicines may cause serious side effects. Do not start any new medicines while taking botulinum toxin A without talking to your doctor first. Especially tell your doctor if you: have received any other botulinum toxin product in the last four months or any in the past (be sure your doctor knows exactly which product you received, have recently received an antibiotic by injection such as aminoglycosides, take muscle relaxants, take an allergy or cold medicine, or take a sleep medicine.

COMMON SIDE EFFECTS

The most common side effects are nose and throat irritation, headache, injection site pain, injection site skin reaction, upper respiratory tract infection, eyelid swelling, eyelid drooping, sinus inflammation, and nausea. Although good results are expected, there *cannot be any guarantee or warranty* expressed or implied regarding the results that may be obtained. The informed consent

process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered.

PRP (Platelet Rich Plasma) Hair Restoration

This treatment involves the collection of your blood, which is then spun down using a centrifuge to separate the plasma and platelet portion. The PRP portion of your blood is then used at the point of care to re-energize your cells into rejuvenating themselves. The product injected is 100% your blood by-product (autologous).

In general, the first 4 treatments are 4-6 weeks apart, and the second 4 treatments are every other month.

Patients should drink at least 12 glasses of water the day before and the day of the procedure in order to have enough amount of plasma and make the blood draw faster (especially in patients who have delicate veins). Patients should wash their hair on the day of their appointment before arriving, and may wash their hair again on the day after their procedure.

By signing this consent form, I understand that due to the natural variation in the quality of platelet-rich plasma, results will vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of multiple sessions to obtain my desired outcome. The procedure and side effects have been explained to me including alternative methods and risks and benefits of each. I understand that PRP is not FDA approved for hair restoration and its use for hair restoration and rejuvenation is off-label.

I am advised that, although good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am also aware that the PRP treatment is not permanent.

I understand that other physicians might recommend a different procedure and I understand that I am free to seek the advice of any physicians that I might choose. Prior to signing this document, I have taken the time to consider whether I desire to obtain a second opinion from another physician, and I understand that by signing this document I voluntarily and of my own choice select to undergo the PRP Hair Restoration. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction.

CONTRAINDICATIONS
You should not have PRP treatment done if you have any of the following conditions:

● Skin conditions and diseases including: Facial cancer, previous, existing or uncured. This includes SCC, BCC, and melanoma, systemic cancer, chemotherapy, steroid therapy, dermatological diseases affecting the face (i.e. Porphyria); Blood disorders and platelet abnormalities, Anticoagulation therapy (i.e.: Warfarin)

● Have you ever been told that you suffer from or suspect you suffer from: Platelet dysfunction syndrome, critical thrombocytopenia, hypofibrinogenemia, hemodynamic instability, sepsis, chronic liver disease, Hepatitis, or any acute or chronic infections? If yes, please indicate your condition(s) in the form at the end of this document.

● Comments: If you are unsure about any of the above-mentioned conditions, please ask!

SIDE EFFECTS
You will likely experience mild to moderate swelling of the treated area, this will last for

about 12- 24 hours; ice or cold compresses can be applied to reduce swelling if required. You may notice a tingling sensation while the cells are being activated. In rare cases, skin infection may occur, which is treated with an antibiotic.

By signing this consent form, I indicate I understand that due to natural variation in the quality of platelet-rich plasma, results will vary between individuals. I understand that although I may see a change after my first treatment; I may require a series of up to 6 sessions to obtain my desired outcome. The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that the PRP treatment is not permanent as natural degradation will occur over time. I authorize Dr. Izadi/ her associates to perform the injection of PRP (Platelet Rich Plasma) for hair restoration.

PRP is a painful procedure and patients have the option to use nitrous gas to ease the pain and anxiety of the process. Information about nitrous gas (PRO-NOX) can be found on page 23. We do not use lidocaine for local anesthesia during PRP procedures because lidocaine has been shown to interfere with the effect of PRP, and because it is ineffective in easing pain caused by the expansion of

tissue beneath the skin. The pain of PRP is short-lived and, in most cases, patients are nearly pain-free by the time they leave the office. Some patients tolerate the pain and anxiety well, while others are more sensitive and find nitrous gas to be a helpful tool.

Other treatments to help increase hair growth include but not limited to the supplement Nutrafol, which Dr. Izadi recommends to be taken alongside PRP procedures in order to see optimal results. PRP helps with hair growth, but patients need the proper nutrients in order to support this growth, which Nutrafol may provide.

Other modalities to increase hair growth (listed in more details on the website) include Minoxidil, LED light therapy, injections of botulinum toxin A along the hairline, which all work by increasing the perfusion and blood flow to the scalp. The shampoo Ketoconazole, sold under the brand name Nizoral, can also aid in hair growth by decreasing local inflammation.

Thread Lift (non-surgical facelift)

Thread Lifts are minimally invasive procedures that successfully combat the aging process with minimal downtime and recovery. A thread lift can be done as a stand-alone treatment or in combination with other rejuvenation procedures to lift sagging tissue safely and effectively. PDO and PLACL thread lift is off label use for cosmetic goals and not FDA approved.

This treatment involves the insertion of threads carried by large needles/ cannulas into the treatment area in the sub-epidermal layer of your skin to pull up the sagging skin (using barbed thread) or stimulate your body to produce collagen (using non-barbed thread). The threads absorb completely over time and as they absorb, stimulate your body to produce collagen. At Pristine

Wellness Center, we use PDO and PLACL threads. Each patient chooses which type of material to use in their procedure, but they are advised to use PDO thread if they have never had a thread lift before, since it is less expensive, and the results do not last as long as PLACL threads in case you do not see the desirable results. If you have any questions please do not hesitate to ask your doctor.

Patients who can benefit from thread lifting include those with minimal to moderate sagging (often in their mid-thirties to fifties), especially alongside adjunctive procedures to enhance other nonsurgical and surgical rejuvenation treatments. Previous surgical patients who need additional lifting are also among those who can benefit. Patients with severe laxity are likely better candidates for a surgical facelift.

The most difficult area to treat with thread lift is the neck area, and you might not receive the result you expected with thread lift and might need plastic surgery. Thread lift might cause adhesion after it absorbs; If you decide to do a surgical facelift, a past thread lift might make it harder for the surgeon to remove adhesions during surgery.

Nose thread lift is not recommended for patients who plan to have surgical rhinoplasty in the future. There are 4 different shapes of thread for nose lifts; the procedure may remove the bumps on the nose, lift the tip of the nose or the nose bridge, and/or shorten the distance between eyes depending on the placement. There is a different type of thread used to narrow the nostrils, but this procedure has more side effects, longer downtime, and more discomfort.

SIDE EFFECTS

You will likely experience mild to moderate swelling of the treated area, this will last for about 12- 24 hours; ice or cold compresses can be applied to reduce swelling if required. You may notice a tingling sensation while the cells are being activated. Some patients experience sharp pain in the area treated with thread, which usually resolves within a couple of days or weeks. In rare cases skin infection may occur, which is easily treated with an antibiotic. If an antibiotic is prescribed, please take it on time as indicated on the prescription. To limit the side effects of the antibiotic, we strongly recommend taking the probiotic Saccharomyces Boulardii 4 hours apart from the antibiotic.

Bruising is possible. Any procedure involved in skin penetration may cause some degree of bruising. No doctor or practitioner can guarantee no bruises. We advise patients to take an oral Arnica capsule (SinEcch) on the day before their appointment to prevent bruising and/or resolve bruising faster. Pain and limitation of movement (especially in chewing) may occur. It is advised to only drink liquids during the first 24-48 hours. It is possible to irritate the nerve endings (adjacent to the thread) and cause some temporary tingling, numbness, or sharp pain in the treated area. Thread lift carries the risk of the thread(s) migrating or dislodging, which can create complications or undesired aesthetic effects.

Buckling or ridges may occur post-treatment. Sometimes the thread moves to the surface of the skin and must be removed to prevent infection. Facial treatments (laser, micro-needling, fillers) may resume after 4 weeks. Dr. Izadi has had one case of thread lift results completely disappearing after one month, which is a known complication; to avoid this complication, do not undergo laser and/or IPL for one month after your thread lift.

Avoid strenuous activities (any exercise) or facial expressions for two weeks. Avoid steam rooms, hot tubs, and saunas for 2 weeks. To treat any discomfort, you may take Tylenol or Motrin after the procedure. It is important to avoid massage or extreme muscle movements and also sleep on your back. Try to avoid any trauma (hard impacts, tears, etc.) to the treated area.

By signing this consent form, I indicate my understanding that due to the natural variation in the body's response to stimulators such as thread, results will vary between individuals. The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that this treatment is not permanent as natural degradation will occur over time. I authorize Dr. Izadi/associates to perform the thread-lift procedure for rejuvenation, depending on the area treated and the number and type of thread used. More detailed information about the thread lift procedure and different options, as well as the pricing, is on the Pristine Wellness Center website.

PRF (Platelet Rich Fibrin) Facial

This treatment involves the collection of your blood using an FDA-cleared special kit from Cosmofrance (EZ PRF), then your blood is spun down using a centrifuge to separate the plasma and platelet portions. There is no separating gel or anticoagulant used for the PRP facial (PRF). We may use PRF for micro-needling and/or as a tissue filler injection in areas of volume loss. The PRF portion of your blood is then used at the point of care to re-energize your cells

into rejuvenating themselves. The product injected is 100% your own blood by-product (autologous).

HYDRATION

The patient must understand that it is very important to be well hydrated before and during this procedure since dehydration can cause failure to collect the blood or clotting of the blood before having the opportunity to use it. If the procedure fails due to dehydration, the patient is still responsible for payment for the procedure, since the kit and instruments are used for each patient specifically and are not re-usable for any other patient. Dr. Izadi recommends at least 4 liters of water consumption (not juice or coffee or any other liquid) starting the day prior to the procedure and continuing the day of the procedure.

SIDE EFFECTS

You will likely experience mild to moderate swelling of the treated area; this will last for about 12- 24 hours. Swelling in and around the area of injection of PRF might last 3-5 days. You may experience some dry skin and peeling during the few days after the procedure.

It is important to use moisturizer and sunscreen when indicated. You may notice a tingling sensation. Bruising might take 1-2 weeks to resolve. You may be able to apply make-up after the first 24 hours, although sunscreen is always the priority. It is important to wear sunscreen during all daylight hours and to reapply it every two hours, even when it is cloudy. Your skin is traumatized by micro-needling and exposing it to sunlight can cause irritation and hyperpigmentation.

Hyperpigmentation due to deposits of hemosiderin is a rare side effect that occurs when the PRF contains more RBC than needed. Hemosiderin is an iron storage complex. Amerigel care lotion, Arnica, Auriderm XO (vitamin K), Dermaka, or licorice extract can help the body resolve this hyperpigmentation. Laser treatment can also be helpful. In some patients, hemosiderin staining can occur after bruising. If this happens, the patient is responsible for the expenses of treatment.

BLT cream (which contains 20% Benzocaine, 10% lidocaine, and 10% Tetracaine) is a very strong numbing cream used for this procedure. Application of BLT cream around the eyes is sensitive and requires patients to keep their eyes closed until the cream is removed; opening your eyes while BLT cream is applied can cause burns and eye damage due to its low PH. Application of BLT cream on or around the lips can cause a numbing sensation inside the mouth; this does not mean that the BLT cream has migrated inside the mouth. Patients are advised to be mindful of this numb sensation as it can interfere with eating, drinking, and swallowing comfortably during the hours following the procedure.

Please let us know if you have any allergy to latex, lidocaine, or any other medication in the form at the end of this document.

Signing this consent form indicates your understanding that, due to the natural variation in the quality of platelet-rich plasma, results will vary between individuals. Every individual has different quantities and types of growth factors and cytokines in their blood, which causes natural variation in results. You also understand that treatment may require a series of multiple sessions to obtain their desired results, although most see changes after their first treatment. Patients are advised to undergo at least two sessions, six weeks apart from each other, to obtain satisfactory results. Signing

this consent form also indicates that the procedure, its side effects, risks, benefits, and alternative treatments have been explained to you. You understand that PRP/PRF is not FDA approved for facial rejuvenation and its use for restoration and rejuvenation is off-label. You have been advised that, although good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied as to the effectiveness or effects of this treatment. You are aware that the PRP/PRF treatment is not permanent.

Signing this consent form means you authorize Dr. Izadi/associates to perform the injection or topical application of PRP/PRF.

PRE-PROCEDURE CARE

Please wash off any makeup or lotion prior to your visit. Drink at least 12 glasses of water on both the day before and the day of the procedure. You may start taking Arnica to prevent bruising. It is OK to take Tylenol (acetaminophen) prior to your procedure as this does not thin your blood.

POST-PROCEDURE CARE

Do not apply makeup to treated areas for at least 24 hours after your procedure. If possible, do not wash your face until the next morning. Always protect your skin against sun exposure. It is normal for your skin to take up to 7 days to look and feel normal. It is safe to use gentle skin cleansers (see brands like Cetaphil or Dove) and gentle facial moisturizers. Most people need a series of treatments (at least 3-4) spaced every 4-6 weeks to notice

significant improvement. It generally takes 3-6 months to see the full effects of treatment.

DO NOT USE ANY GLYCOLIC ACIDS, RETINOIDS, ANTI-AGING, AND/OR ANTI-ACNE CARE PRODUCTS UNTIL AT LEAST SEVEN DAYS AFTER YOUR TREATMENT.

Inflammation is desired in collagen production. Do not take any anti-inflammatory drugs like Advil on the day of or after the procedure. If you experience discomfort, it is suggested to use ice/cold packs or to take Tylenol. You may continue to take Arnica if you have any bruises.

EZ gel:

The indications, mechanism of action and possible side effects is the same as PRF. By heating the plasma in a special heater, we cause denaturing of the main protein in the plasma (albumin) and make a thick gel with your own blood, then mix it with the PRF (which was kept in a cooler to prevent clotting while preparing the gel) and inject in areas that we need more collagen formation such as under eyes. The gel keeps the mesenchymal stem cells and growth factors in the area up to 3 months.

Kybella

Kybella (deoxycholic acid) is an FDA-approved medication used to kill undesired fat cells permanently. It is FDA-approved to melt fat under the chin. Providers may use it as an off-label treatment for other areas such as lower face, arms, abdomen, thighs and back of the neck.

INDICATION

Kybella injection is indicated for improvement in the appearance of moderate to severe convexity or fullness associated with submental fat in adults. The safe and effective use of Kybella for the treatment of subcutaneous fat outside the submental region has not been established.

CONTRAINDICATIONS

Kybella is contraindicated in the presence of infection at the injection sites. Kybella is contraindicated in patients with current or prior history of dysphagia.

Kybella should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet or anticoagulant therapy as excessive bleeding or bruising in the treatment area may occur.

POSSIBLE SIDE EFFECTS AND COMPLICATIONS

1. Marginal Mandibular Nerve Injury: Cases of marginal mandibular nerve injury, manifested as an asymmetric smile or facial muscle weakness, were reported in 4% of subjects in clinical trials; all cases resolved spontaneously (range 1-298 days, median 44 days).

2. Dysphagia: occurred in 2% of subjects in clinical trials in the setting of treatment-site reactions, eg, pain, swelling, and induration of the submental area; all cases of dysphagia resolved spontaneously (range 1-81 days, median 3 days).

3. Injection-Site Hematoma/Bruising: in clinical trials, 72% of subjects treated with Kybella experienced hematoma/ bruising.

4. Risk of Injecting Into or in Proximity to Vulnerable Anatomic Structures: Included but not limited to damage to the salivary glands, lymph nodes, muscles, nerves, and arteries.

5. Injection Site Alopecia: Cases of injection site alopecia have been reported with the administration of Kybella. Onset and duration may vary among individuals and may persist.

6. Injection Site Ulceration and Necrosis: Injections that are too superficial into the dermis may result in skin ulceration and necrosis. Cases of injection site ulceration and necrosis have been reported with the administration of Kybella.

ADVERSE REACTIONS

The most commonly reported adverse reactions were: injection site edema/swelling, hematoma/bruising, pain, numbness, erythema, and induration. The number of vials used in each session and the number of sessions is different in every patient based on the amount of fat needed to be removed. It varies from 1-3 vials per session and 2-6 sessions.

By signing this consent form, you agree that the indications, contraindications, and potential side effects of Kybella were discussed in detail with me and you consent to be treated with Kybella by Dr. Izadi.

Pro-Nox (Nitrous Oxide)

Pro-Nox (nitrous oxide) is used to ease pain and anxiety during medical procedures. By signing this consent form, you hereby authorize Dr. Izadi and staff to provide you with Nitrous Oxide through the PRO-NOX system for pain and anxiety control during your procedure.

PRO- NOX is a self-administered (under the supervision of medically trained staff), quick onset, fixed 50% nitrous and 50% oxygen pain management system with a short duration of effect. It is generally metabolized and “out of your system” (meaning you are back to normal) within minutes of discontinuing use, and therefore you can regain complete mental and physical function quickly and drive home when comfortable and confident.

Although no severe complications have been reported with this device and type of analgesia, the risks could include headache, euphoria, decreased mental and physical awareness and control, device malfunction and potential overdose, failure of effect, and other unforeseen problems. If you have been diagnosed with a severe breathing condition, you should consult your doctor before using Pro-Nox. We have seldom seen any of these problems but are required to disclose them.

CONTRAINDICATIONS

Pregnancy: patients currently pregnant, planning to become pregnant, or breastfeeding are at risk for complications under Nitrous Oxide.

Those with hypersensitivity to nitrous oxide mixtures, those who have experienced artificial, traumatic or spontaneous pneumothorax air embolism, middle ear occlusion, ear infection,

and eye surgery with intraocular gas injection within the last 6 weeks are at risk for complications under Nitrous Oxide. Those who have experienced decompression sickness, severe abdominal distention secondary to intra-abdominal air/intestinal obstruction, Vitamin B deficiency such as pernicious anemia, those who are vegan, those with IBD and malabsorption are at risk for complications under nitrous oxide. If a patient is, for whatever reason, unable to follow directions or unable to hold their delivery device (mouthpiece or mask) are also at risk for complications.

If a patient has a history of substance abuse, they are advised that the use of PRO NOX/Nitrous Oxide may trigger a relapse due to its common euphoric effects. Include any current or past drug use, either prescription or recreational, in the form at the end of this document.

If the above contraindications apply to you, you are advised not to use Nitrous Oxide and to inform your doctor and inquire about alternative pain and anxiety management options.

Signing this consent form indicates that:

I understand that some possible side effects of nitrous oxide include: dizziness, nausea, light-headedness, and unsteadiness.

I understand that I should wait at least 10 minutes after the last use of nitrous oxide before driving a car or operating any type of machinery.

I understand that using nitrous oxide may make me unsteady and that if I need to get off the procedure table, I will do so only with assistance.

I agree to hold the mouthpiece and inhale the nitrous oxide/oxygen gas mix without assistance from others and only as needed through the procedure to maintain my comfort level.

I understand that nitrous oxide has been safely used throughout the world for pain and anxiety management for many decades, and continues to be used worldwide today.

I also understand that the risks for nitrous oxide use are the same risks that exist for virtually all other pain-relieving medications that I may choose to use during my procedure.

I acknowledge that I do not have a history of substance abuse that could be triggered by the euphoria sometimes experienced under Nitrous Oxide.

I understand that there are several contraindications for use of Nitrous Oxide through the PRO-NOX system. They are listed above. I acknowledge that I do not have any of these conditions and consent to the use of Pro-Nox for my upcoming procedure(s) and in the future.

The risks and benefits of inhaled nitrous oxide for pain and anxiety control have been explained to you, as have alternative pain control options.

I understand that PRO-NOX is not covered by insurance and I am responsible to pay for the treatment. I will pay $95 for up to 15 min use of PRO-NOX during my procedure, every additional use adds $95 for each 15 min until the end of the procedure.

I understand that I need to wash my hair before my appointment and should not use any hair products beforehand. Hair products may pose a serious fire hazard when using PRO-NOX.

I understand, agree to the above, and wish to use the PRO-NOX nitrous oxide system during my procedure and consent to the self-administration of the gas provided to me by the medical director and their medically trained staff members.

Carboxytherapy:

Carboxytherapy is injection of medical grade CO2 gas under the skin in order to improve oxygenation to the tissue.

Bohr effect: Improvement of the oxygen level in the skin by injection of CO2.

When we increase the level of CO2, it forces the RBCs to release oxygen to the tissue, as the result, we can observe:

- Activation of the microcirculatory vasodilatation.
- Increase the microcirculation.
- Increase the lipolytic action of the localized fat tissue.
- Increase the oxygen level in superficial areas.

Areas treated: Face

- Eyes
- Dark Circles
- Body
- Legs
- Abdomen

Indications:

- Cellulite

- Stretch marks
- Wrinkles
- Skin & muscular laxity
- Dark circles
- Localized fat tissue
- Periorbital areas
- Scar removal
- Hair growth

Protocols: For Wrinkles, skin laxity, dark circles, periorbital area, localized fat tissue, and stretch marks: 2 sessions per week for total of 6-8 sessions.

For Scar removal: 1 session every two weeks for up to 6 treatments.

For Cellulite: 2 sessions per week up to 12 sessions.

For hair growth, at least 2 sessions per week, duration of the treatment depends on the cause of the hair loss.

Possible Side effects:
Resolved within less than 1 hour:
- Pain
- Crepitus

Occasional side effects:
- Bruising / (Resolved within 7 to 10 days)
- Hemotoma

Contraindications:
Phlebitis, cardiac/respiratory insufficiency, renal/hepatic insufficiency, severe arterial hypertension, pregnancy.

Qwo:

QWO is a combination of bacterial collagenases indicated for the treatment of moderate to severe cellulite in the buttocks of adult women. It is not recommended for children, pregnant or breast feeding women and geriatric women.
Qwo is the only FDA approved injectable treatment for cellulite.
Cellulite is an alteration in skin topography, It is ubiquitous in post pubescent women, affecting 85% to 98%2. Cellulite causes a dimpled appearance of the affected skin, primarily affecting the thighs and buttocks. Cellulite is a multifactorial
Condition.
Treatments are 21 days apart for 3 treatments. Some patients might need more treatments to achieve the desired results.

Contraindications:

History of hypersensitivity to any collagenase or to any of the components in the formulation.
Infection at the injection site.

WARNINGS AND PRECAUTIONS

- Hypersensitivity Reactions: Serious hypersensitivity reactions, including anaphylaxis may occur with collagenase clostridium histolyticum.

If a serious hypersensitivity reaction occurs, initiate appropriate therapy.
• Injection Site Bruising: Bruising occurs frequently after QWO administration. Use with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤ 150 mg aspirin daily) or anticoagulant therapy.
• Substitution: QWO must not be substituted for other injectable collagenase products.

QWO is not indicated for the treatment of Peyronie's disease or Dupuytren's contracture.

ADVERSE REACTIONS
The most common adverse reactions (≥ 1%) were related to the injection site (bruising, pain, nodule, pruritus, erythema, discoloration, swelling, and warmth).

Collagenases are proteinases that hydrolyze collagen in its native triple helical conformation under physiological conditions.

The exact mechanism for the treatment of moderate to severe cellulite is unknown.

Every patient responds differently to the treatment and the results are not guaranteed.

APPLY TO ALL OF THE ABOVE PROCEDURES Signing this consent form indicates agreement that:

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations And/or monitoring my response to the treatment.

I hold doctor Izadi/pristine wellness center harmless for any liability resulting from this production. I waive my rights to any royalties or fees.

The photographs/ videos shall be the property of Dr. Izadi and may be used as she deems proper. The patient's identity is always protected. Dr. Izadi will not post any pictures on any social media unless the patient gives verbal permission (besides this consent).

I certify that I read the above consent and fully understand it. This constitutes full disclosure and supersedes any previous verbal or written disclosures. I have received no medication before signing this consent. I answered all questions to the best of my knowledge.

I understand that the fee for this procedure is not covered by insurance and I am solely responsible for the payment at the time of service.

This consent form will be valid for as many treatments as I need unless revoked by written notice to the clinic.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I have had the opportunity to ask any questions about the treatment including risks or alternatives and acknowledge that all my questions about the procedure have been answered satisfactorily and that all blanks were filled before I signed.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING AND DELIVERED BY CERTIFIED MAIL TO PRISTINE WELLNESS CENTER.

When completing the medical questionnaire, I have answered the personal medical history questions fully and to the best of my ability. The fee is due at the time of service. I understand that these procedures are not covered by health insurance and the fee for the service is due at the time of visit.

The procedure has been fully explained to me. I also understand that any treatment performed is between me and Dr. Izadi/ associates and I will direct all post-operative questions or concerns to them. I have read the above and understand it. My questions have been answered satisfactorily.

I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify Dr. Izadi Immediately. I also affirm that I read and write in English.

EMAIL RISK

Pristine wellness center uses email and other electronic formats to facilitate communication. Federal regulations impose a "duty to warn" patients of risks associated with unencrypted email. Upon receipt and documentation of this notification, the patient has the right to request communication via email. Communication via Email is not HIPAA compliant, there is no guaranteed delivery and should not be used for urgent matters.

I understand that results will vary between individuals. The procedure and side effects have Been explained to me, including risks and benefits. I am advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or another result of the treatment.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient: We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgment if you wish.

By signing this document, I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

REQUIRED PATIENT INFORMATION
Notice Applied to All Cosmetic Procedures:

If you are unsure of any of the conditions or histories listed below, please consult your doctor.

1. Patients must stop taking any blood thinners 1-2 weeks before their procedure(s) to prevent or decrease the chance of bruising and bleeding during the procedure. These supplements include (but are not limited to): Aspirin, anti-inflammatories such as Nurofen, Voltaren, Diclofenac, Naproxen; St John's Wort, Garlic, Vitamin E, Gingko Biloba, Ginseng, Ginger, Green tea extract, omega 3, Inositol, Boswellia, Bromelain, Pandora, Policosanol, Mesoglycan, Co-Q10, Epo (Evening primrose oil)

2. If you take any blood thinners, please list them here:

3. If you have a history of herpes infection, please indicate it here:

4. History of keloid formation after trauma or surgery; facial cancer (existing or cured--this includes SCC, BCC, and melanoma); previous steroid therapy or chemotherapy; dermatological diseases affecting the face (i.e. Porphyria); blood disorders and/or platelet abnormalities; previous or current anticoagulation therapy (i.e. Warfarin)

Platelet dysfunction syndrome, critical thrombocytopenia, hypofibrinogenaemia, hemodynamic instability, sepsis, chronic liver disease, Hepatitis, HIV, or any acute or chronic infections?

- . If any of the above conditions apply, please indicate them here: Patients cannot drink alcohol 1-3 days prior to their procedure(s).

History of anaphylactic reaction:

History of autoimmune disease:

Current and recent medications and/or supplements:

Do you have a fear of needles:

Any drug or food allergies:

Are you currently on any immunosuppressive therapy?

If you have any notes about your medical history or needs that have not been indicated above, please include them here:

History of breathing conditions:

General patient information

Patient's First name:

Patient's Last name:

Date of Birth:

Cell phone number:

Email address:

I give permission to use my email address and cell phone number to send me appointment reminders (yes or no):

Address:

City

State

Zip code

Emergency contact First name:

Emergency contact Last name:

Emergency contact phone number:

Emergency contact relationship to the patient:

Preferred pharmacy phone number:

Date signed:

Signature:

Please attach a picture of your legal ID here:

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

There is a fee of $100 (will be charged on your credit card) for “cancellation in less than 24 hours” or “ no show”.

Credit Card Information

Card Type:

MasterCard VISA Discover AMEX Other

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

Cardholder ZIP Code (from credit card billing address):

I, , authorize Pristine Wellness Center to charge my credit card above for agreed upon purchases or in case of late cancellation/ no show.
I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date