



ZERONA VZ8 CLIENT INTAKE

Today's Date ____/____/____ File # _____

Patients Name _____

What You Prefer To Be Called? _____

Birthdate ____/____/____ Age ____ Male Female

Mailing Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ Work _____

Email _____

Appointment reminder preference: Text Email (check only one)

Referred By _____

Employer _____ Occupation _____

How often do you exercise?

- Rarely
- 1-2 times per week
- 3-4 times per week
- 5 or more times per week

How would you describe your diet?

- Healthy and balanced
- Low-Carb
- Vegetarian/Vegan
- High-sugar or processed food

How many alcoholic beverages consumed per week? _____

Rate your diet on a scale of 1-10

_____ 10 being best

On a scale of 1-10 where 1 means you have 'little or no stress' and 10 means you have 'a great deal of stress' how would you rate your average level of stress during the past month? _____

How many hours of sleep do you get per night? _____

How much water do you drink per day? _____ 1-3 glasses _____ 4-6 glasses _____ 7-9 glasses _____ 9+ glasses

Which areas of your body are you hoping to target with zerona treatments?

- Abdomen Waist Arms
- Thighs Back Other
- Hips Chin/Neck

Do you smoke/chew?

Current ____ Former ____ Never ____

What are your primary goals for using the Zerona laser?

- Fat loss Skin Tightening
- Body Contouring Cellulite reduction
- Overall Wellness Other _____

Have you ever tried other fat loss or body contouring treatments before? Yes ____ No ____

If yes, please explain: _____

Do you currently take any medications? Yes ____

No ____ If yes, please list: _____

Are you currently under the care of any specialists? Yes ____ No ____

If yes, please specify: _____

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

- Heart disease Liver disease Neurological disorders Allergies
- Blood pressure Thyroid disease Skin disorders Recent Surgeries
- Diabetes Kidney disease Hormonal imbalances Autoimmune disorders
- Cancer Pregnancy History of stroke

Do you have any of the following that may impact your suitability for Zerona treatment?

- Pacemaker or implanted defibrillator
- Severe varicose veins
- Active cancer
- Severe inflammation or infection in the treatment area
- Uncontrolled health conditions (e.g., blood pressure, diabetes)
- Pregnancy or breastfeeding

Kaufman Wellness Center, Ltd Policies and Waiver Form- Please read, initial and sign.

Program Background You have chosen to be treated by Erchonia Medical's newest Zerona Low level laser light therapy. This treatment utilizes low level laser therapy (3LT); in contrast to other medical procedures using high heat for procedures such as ablation. This treatment has no thermal (heat) effect on tissue, instead, the non-invasive laser helps the body to release fat from the adipose tissue ("fat") and to absorb and process it by stimulating its biological function. The treatment consists of the application of a 405nm low intensity laser, which has been shown through extensive research to cause the fat within the adipocyte (fat cell) to leave the cell and accumulate in the interstitial space around the cells. Excess fat is then removed naturally by the body's lymphatic system and then excreted without the negative side effects and down time associated with more invasive procedures such as liposuction. This procedure has been tested and approved by the FDA for the purpose of which it is being used as it has been found to be generally effective.

Any medical or cosmetic procedure carries risk and complications with varying results related to its effectiveness of any particular treatment. The purpose of this document is to make sure you are aware of any potential risks or benefits so that you might decide whether or not to participate in this procedure.

Procedure You will initially undergo a consultation with Kaufman Wellness Center, Ltd to determine if you are a good candidate for 3LT. You will undergo a health and objectives interview and will have the opportunity to ask any questions you may have. If it is determined that you are a good candidate for treatment and you choose to continue, you will have your picture taken and measurements taken in the desired areas of treatment. You will need to wear appropriate attire in order to facilitate proper pictures and measurements. Therefore, please bring and wear the equivalent to a bikini swimsuit that you are comfortable having your picture taken in. We ask that you WEAR THE SAME ATTIRE FOR THE "BEFORE" AND "AFTER" PICTURES for the greatest reproducibility. You will be treated by the Zerona VZ8 unit with (8) laser heads for a total treatment time of 20 minutes on each treatment day.

Risks/Discomfort There are few risks associated with 3LT. Treatment is non-invasive and uses a cold output laser. Treatment will illicit NO discomfort and you will not feel the laser although the lasers will be visible. Although there are no known risks, it is not advisable to treat individuals with pacemakers. It is possible that you may not see any improvement in your body's shape. The only known or anticipated risk with the use of this type of laser is prolonged exposure to the eyes and potentially damaged eyesight. There may be unknown risks associated with 3LT, however we protect our patients from the known risks by supplying you with protective eye wear that MUST be worn throughout the entire course of the treatment. If at any time during the treatment you experience pain or discomfort of any kind you agree to notify staff immediately and or to terminate the session at your discretion. Although no known detrimental risks exist, there is the potential of unknown risk during pregnancy. Therefore, if you believe there is a possibility that you may be pregnant, you will notify staff immediately.

Benefits The benefits of 3LT have continued to become more prominent over time. 3LT has been used by Chiropractors for pain management and restorative therapy and more recently by cosmetic surgeons to emulsify adipose before liposuction with FDA approval. The potential benefit of this body contouring without the use of surgery. Problem areas or excess pockets of fat can be targeted, however commonly treated areas are the stomach, hips, flanks, and thighs. In clinical trials patients have averaged 3.91 inches lost from these areas. Losses of 6-12 inches are well documented. RESULTS VARY AND NO GUARANTEE IS IMPLIED OR SUGGESTED THAT DESIRED RESULTS WILL BE ACHIEVED.

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative therapies, which vary in effect, duration, and invasiveness, include liposuction, coolsculpting, mesotherapy, lipodossolve, velasooth, dieting, exercise, as well as others which may have their own risks and benefits. You acknowledge this and realize that the other option you have is to do nothing.

Consent I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form I grant authority for Kaufman Wellness Center, Ltd to perform the described treatment or administer any related treatment as deemed necessary or advisable for my medical condition. I have stated all my known medical conditions on the intake form. I have consulted the appropriate health care professional regarding these conditions. The purposed of this procedure, risks, complications, and alternative methods of treatment have been fully explained to my satisfaction. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure. I certify that I am at least 18 years of age and am able to legally bind this contract by my signature.

Payments/ Punctuality/ Rescheduling Payment in full is required when you schedule your sessions with Kaufman Wellness Center, Ltd. Please arrive at least 15 minutes early so that there is ample time prior to your treatment. All treatments will start and end on time. If you arrive any more than 10 minutes late, you will need to reschedule your appointment as shortened treatment times lose effectiveness. We understand that changes are necessary, and emergencies happen, however we seek to run a very efficient schedule for the benefit of all clients. Our appointments are pre-booked for 2-weeks or longer, making reschedules difficult. It is necessary that all clients' appointments be as consistent and repetitive as possible. **Therefore, if you fail to give a minimum of 24 hours' notice for missed or rescheduled appointments, you will forfeit that appointment.** You may re-purchase an additional appointment that may be added to the end of your package at ½ the individual session price in order to make up the missed appointment. (This may only be done in order to facilitate compensating for any missed appointments without proper notice and may not be used in order to add additional sessions to your package for any reason.) **Initial:** _____

What to Wear During a Treatment We do not require any specific code of dress. You will need to bring proper apparel for your treatment. Please plan so that our lasers may come into contact with your desired areas to customize/ treat. The laser is able to pass through thin cotton lightly colored apparel, however, will suffer at least a 20-25% reduction in strength and effect. Please plan accordingly for the areas you desire to treat. We will do our best to preserve your modestly and privacy.

PLEASE PLAN TO WEAR THE SAME CLOTHING FOR ALL PICTURES...1ST DAY AND AFTER TREATMENT IS FINISHED.

Limitation of liability By signing below, you agree to "hold harmless", any employee, Confidence Collective IMT, independent contractors, or any connected individual for loss of personal property and/ or an accident causing personal injury of any nature, including reasonable attorney's fees and court cost in connection therewith.

Severability Each portion of this contract shall be enforceable as a separate entity regardless of any other portion of the contract being deemed as void or unenforceable.

A copy of this contract shall serve as the same as the original in all content and signatures.

Use of Media By initialing below, I authorize Kaufman Wellness Center, Ltd, to use my photos, measurements, and "story of success" is various marketing, educational, and testimonials usage. This shall include, but not be limited to the internet, paper media, advertising, testimonials and the like. WE WILL NOT INCLUDE ANY PERSONALLY IDENTIFYING FEATURES OR INFORMATION SUCH AS FACE IN PHOTOGRAPH, FIRST AND LAST NAME COMBINATION, ECT. ALL INFORMATION USED FOR EDUCATIONAL, ADVERTISING, OR TESTIMONIAL SHALL BE USED IN A STRICTLY PROFESSIONAL AND APPROPRIATE MANNER, AND NO INAPPROPRIATE INFORMATION SHALL BE SHARED WHATSOEVER IN A MANNER NOT IN ACCORDANCE WITH HIPPA REGULATIONS. **Initial:** _____

Kaufman Wellness Center, Ltd reserves the right to change its policies, terms and agreements without prior notice. All said changes will be publicly posted once made.

Any products purchased are non-refundable.

I have read, understand, and agree with all components of this contract and its various components.

Clients Name Printed

Clients Signature

Today's Date