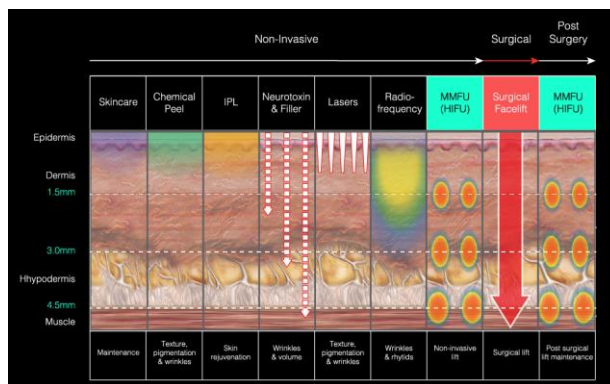
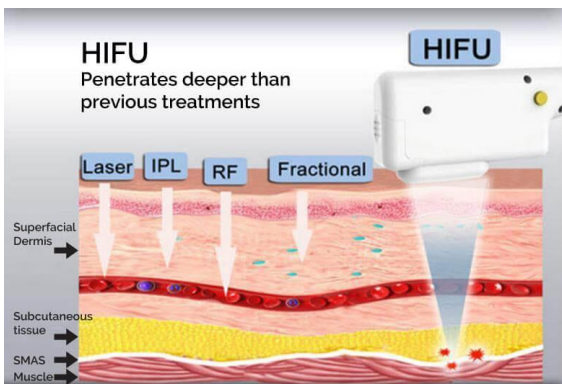




The Informed Client's Consent to the 4D HIFU Lifting Procedure (Pages 1-6)

1 GENERAL INFORMATION ABOUT HIFU PROCEDURE

- The HIFU system delivers a low amount of focused ultrasound energy to the skin. The heat from the ultrasound stimulates new collagen to form. There can be discomfort during the treatment when the ultrasound energy is delivered.



- Immediately following HIFU treatment, the skin may appear red for a few hours. It is not uncommon to experience slight swelling for a few days following the procedure or tingling/tenderness to the touch for days to weeks following the procedure, but these are mild and temporary in nature.
- Occasional temporary effects may include bruising or welts, which resolve in hours to days, or numbness in a select area, which resolves in days to weeks.
- As with any medical procedure, there are possible risks associated with the treatment. There is a remote risk of a burn that may or may not lead to scarring (either of which will respond to medical care), or temporary nerve inflammation, which will resolve in a matter of days to weeks. Temporary local muscle weakness may result after treatment due to inflammation of a motor nerve. Temporary numbness may result after treatment due to inflammation of a sensory nerve.
- The results vary from patient to patient, and, occasionally, the collagen building on the inside that helps counter the effects of gravity does not have a visible effect on the outside. The results will unfold over the course of 3 to 6 months and that some patients may benefit from more than one treatment. HIFU treatment is non-invasive and not intended to produce the same results as an invasive surgical procedure.
- The additional procedure can be performed not earlier than in 4 months. It's recommended to perform regular services in 6-12 months.

2 CLIENT PERSONAL RECORD & MEDICAL HISTORY

CLIENT PERSONAL RECORD

Name _____

Address _____

Email _____

Phone (H) _____ (W/C) _____

Occupation _____

Date of Birth _____ Sex : _____

MEDICAL HISTORY (please mark "yes" if you have it, else leave empty or mark "no")
Are you currently under the care of a physician? _____ If yes, for what? _____
Do you have any of the following medical conditions/problems?
Allergies _____ If yes, do you have allergy on Hair dye? _____ Latex? _____ Lidocaine? _____
Prilocaine _____ Benzocaine _____ Tetracaine _____ Adrenaline (Epinephrine) _____
Tattoo pigments or some metals such as Iron, Titanium, Nickel _____ something other _____
Keloid Scars _____ Diabetes _____ Cold Sores/Shingles _____ Aids (Hiv) _____ Cancer _____
Hepatitis /Jaundice _____ Iron Deficiency Anemia _____ Hemophilia _____ Hypoglycemia _____
Asthma _____ Heart Problem _____ Frequent cold _____ High/low blood pressure _____
Epilepsy _____ Fainting Spells/Dizziness _____ Mental diseases _____
Constipation _____ Skin Disorder/s _____ Skin Peel _____
Pregnancy _____ Breast feeding _____ Regular Period _____ Menopause _____
Thyroid imbalance _____ Hormone imbalance, abnormality _____ Any active infection _____
Blepharoplasty (eyelid surgery) _____ Cataracts _____ Glaucoma _____
Have you recently undertaken Botox? _____ If yes, when? _____
Have you recently undertaken filler injectable treatment? _____ If yes, when? _____
Have you ever undertaken thread lifting? _____ When? _____ What type of threads? _____
Have you undertaken HIFU prior? _____ Area _____ When was it done _____
Current Medication _____ Blood Thinner _____ Antibiotics _____ Hormonal therapy _____
Oral contraception _____ Other medication _____
Do you feel well enough to have HIFU procedure? _____

✓ _____ / ✓ _____ / ✓ _____
Name Signature Date

3 MEDICAL ASPECTS OF HIFU TREATMENT

a) The HIFU Treatment has medical contra indications:

- any virus and bacterial diseases in an active stage, immune system disorders: autoimmune diseases, immunodeficiency, including HIV, herpes in exacerbation stages, virus/allergic conjunctivitis, psoriasis, neurodermatitis, allergic diseases, cancer diseases,
- dermal diseases, atypical changes of integuments, including benign and malignant tumors, pigmentation abnormalities, including erratic ones,
- diabetes mellitus, any serious illness of internals a renal, liver failure,
- predilection of a skin to form keloids,
- hemophilia and other abnormalities of coagulability of a blood, high blood pressure,
- alcoholic or drug intoxication, epilepsy or mental disorders,
- hormonal diseases, pregnancy and breastfeeding period,
- therapy period of antibiotics, hormonal drugs, drugs influencing change of coagulability of a blood.

If the client is under one of these states it is recommended to cancel the procedure. If in doubt the procedure will only proceed with the written consent of the doctor.

b) Anesthesia

Anesthesia is not required for HIFU procedures. However, if the client has low threshold for pain and has no allergy to topical anesthesia components such as Lidocaine, Prilocaine, Benzocaine, Tetracaine and Adrenaline (Epinephrine) and no other contra indications such as high pressure , diabetes etc. it can be applied with consultation between technician and client.

c) Healing process and recommended aftercare

The healing process consists of several steps, below are some guidelines:

- Skin redness is not significant and can last between 20 minutes through to several hours. This is normal and no action required.
- Swelling around treated areas is not prominent after the HIFU treatment, however in some cases it may happen and usually passes after the first day. This is normal and no action required.

Full skin regeneration, will occur between 4-12 weeks from day of procedure however the skin structure is changing up to 6 months. It depends on the age of client and skin conditions. Any interference in the regeneration process (such as early touch-up procedure or some cosmetology procedure associated with violating the integrity of the skin) is strictly prohibited because it can provoke the formation of scars. The client **must** avoid direct sunlight for a month after procedure in order to avoid post-traumatic hyperpigmentation. If the client is exposed to direct sunlight for prolonged periods of time, she/he must use maximum sunscreen protection on treated areas. The use of Retin-A/Tretinoin, Glycolic Acid, Hydroxy Acid, Fruit Acid, chemical peels, acid peels or any other rapid skin exfoliation

products used regularly on the treated area will cause the additional trauma during first weeks after the procedure and should be postponed.

In the case of complications in healing, it is highly recommended you contact your technician and/or see your GP for medical advice.

4 INFORMATION ABOUT STUDIO AND TECHNICIAN

Your technician is Anna Ocko, sole trader, trading as "Beaushade"
Ph.: 0401744987
E-mail: ocko.anna@gmail.com
Address: 209 Nelson St, Ballarat East, VIC 3350
ABN: 81440818275

Anna Ocko is a qualified specialist HIFU artist specializing in all areas of face and body, including: eyelids, eyebrows, lips, chicks, scars, areolas, scalp and any skin areas, requiring the camouflage procedures. Anna will undertake to comply with all the requirements of the rules and regulations governing the implementation of skin pigmentation procedures for the performance of HIFU.

Anna will undertake to document all aspects of your procedures, including taking photos of before and after to monitor effectiveness of procedures, all personal information is securely managed in the strictness of confidentiality.

5 TECHNICIAN'S POLICIES

Booking fee – A \$55 (inc.GST) booking fee is required. It is a time reserving and supplying fee.

In case of late cancellation (less than 7 days) this amount can't be refunded as this fee is covering our studio expenses (apportioned to each time slot) such as a rent, professional insurances, studio license, site service & hosting, education of the artist, studio equipment, consumables and time which are used to prepare the booked session.

Please make sure you cancel your booking 7 days prior to the booked date and please insure that the reason of your cancellation is important as due to sensitive character of our services it's unlikely that your time slot can be filled by another client and causes a loss to our business.

Cancellation – The time of appointment is reserved exclusively for the client. The cancellation should be done not less than 7 days prior to the procedure. Booking fee will not be refunded for: Cancellations made less than 7 days in advance including no-shows, day before and the same day cancellations. An additional \$55 booking fee will be required for re-scheduling of the appointment.

Late Arrival – Arriving late will deprive the client of valuable service time. As a courtesy to the next guest, the treatment will end at the time originally scheduled. Late arrivals may be rescheduled, or the remainder of the service time may be used at full price.

Children Under 18 – Due to liability reasons no children under the age of 18 will be permitted to undertake HIFU procedures by Anna Ocko.

Cell Phones – Out of consideration for guests and technicians performing procedures, please mute or turn off cellphones.

Number of procedures - Number of procedures to achieve a satisfactory effect is 1- 2 sessions a year, in some cases 3 session may be required.

Non-compliance of aftercare instructions – If the client does not follow the instruction of correct healing and aftercare (according paragraph 3-c of given Consent) no claims will be accepted by technician.

Right to refusal – In case if client does not meet the criteria of the procedure the technician reserves the right to decline undertaking any procedure.

6 DISCLOSURE & RELEASE FORM FOR HIFU TREATMENT

Anna Ocko appreciates your patronage and interest in new and improved techniques of HIFU Lifting Procedures.

You have the right to be informed so that you may make the decision whether or not to undergo this procedure, after knowing the risks and hazards involved. This disclosure is not meant to frighten you. It is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

a) CLIENT DISCLOSURE

Please read the statements below and confirm with your signature below:

I certify that I am over the age of 18. I give permission to perform HIFU procedure according the confirmed sketch.

I understand the following completely that no warranty or guarantee has been made to me as a result of the HIFU procedure, and that the final result cannot be guaranteed.

I realize that there is potential for discomfort and pain during the procedure and during the healing process as

well as a possibility of swelling (1-2 days).

I understand that healing process is different for every person and I have to stay patient.

I understand that there is a possibility of hyperpigmentation resulting from the procedure, especially in individuals prone to hyper pigmentation from a scar or other injury.

I was warned that I must not undertake the following activities: sauna, bath, swimming, direct sun exposure, and I remember that I should not be at direct sun exposure during the first month after procedure.

I comprehend that HIFU as any traumatic procedure around lips can provoke the herpetic reaction and in order to prevent this reaction I have to use appropriate antiviral medicine, prescribed by your GP, straight after procedure.

I certify that I do not have medical contra-indications for performing PM procedures.

I hereby authorize Anna Ocko to take photographs of my procedure (treated area only) performed both before and after treatment, and I further authorize the use of photographs for the purpose of advertising.

I acknowledge that the information provided by me is to the best of my knowledge and treatment is based on this information.

I fully understand that Anna Ocko only provides beauty services; there is no medical treatment involved.

I realize that with any beauty service there may be certain risks which must be understood. I will be fully responsible for any and all results which may arise from these beauty services. I do hereby agree Anna Ocko is free from any and all claims or suits for damage, for injuries or complications resulting from any beauty service provided.

The nature and purpose of the beauty services, the risks involved and the possibility of complications have been fully explained to me. I understand that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I have been given the opportunity to ask questions about the procedure, the risks, and the hazards involved.

I believe that I have sufficient information to give this informed consent.

By signing below I acknowledge that I have read and understand the above and all of my questions have been answered and that I consent to have the above beauty services.

b) CLIENT ACKNOWLEDGMENT AND RESPONSIBILITY TO INFORM THE TECHNICIAN

I further agree to indemnify and hold harmless Anna Ocko from any claim of liability, losses, damages, or any expenses whatsoever as a result of any claims, demands, damages, costs or judgments including, but not limited to, claims based on negligence against Anna Ocko, that may arise in connection with the services performed.

This Agreement is intended to be an addendum to any previous conditions, releases, or hold harmless agreements, in written form, verbal, or manually communicated between Anna Ocko and her client in connection with HIFU procedures.

I have been given a copy of this Consent prior to the HIFU procedures being performed, and has been given the opportunity to attain reasonable understanding of this Agreement, including the opportunity to ask questions, either by written, verbal or manual communication prior to the signing of this document.

As a client, I have a responsibility to inform the technician of all possible concerns. I understand that I must inform my technician of all medications being taken by me, even though I have written it on the I Medical History. For example, pain control medication such as aspirin may cause the blood to thin, and excessive bleeding may occur.

I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure, even though I may have written it on the form.

I am free from drug and alcohol use or any other substances.

I am not pregnant.

I understand that taking Before and After pictures is a condition of such procedures. I hereby forever release and discharge Anna Ocko from any and all claims, action and demands arising out of use of photographs for promotions.

I have also read and understand Aftercare Treatment Instructions and recommendations, and I understand my responsibility to follow them to ensure proper healing of the treated area.

I release Anna Ocko of all claims for injury, seen or unseen that may occur as a result of this procedure.

I fully understand the questions, terms, and conditions of this Disclosure and Release Agreement, and all have been explained to me in my native language. I accept to waive all my rights for any claim against Anna Ocko for any reasons may involve whatsoever.

I certify that this Disclosure and Release Agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge.

Client's Printed Name  _____

Signature:  _____ Date:  _____

7 INFORMATION ABOUT PERFORMED PROCEDURES

1	Procedure (area)	Date	Cost	Signature of technician	Map of treated area
	Cartridge	Power	Size of pitch	Distances between pixels	Notes*
2	Procedure (area)	Date	Cost	Signature of technician	Map of treated area
	Cartridge	Power	Size of pitch	Distances between pixels	Notes*
3	Procedure (area)	Date	Cost	Signature of technician	Map of treated area
	Cartridge	Power	Size of pitch	Distances between pixels	Notes*

7 INFORMATION ABOUT PERFORMED PROCEDURES

1	Procedure (area)	Date	Cost	Signature of technician	Map of treated area
	Cartridge	Power	Size of pitch	Distances between pixels	Notes*
2	Procedure (area)	Date	Cost	Signature of technician	Map of treated area
	Cartridge	Power	Size of pitch	Distances between pixels	Notes*

* Additional information about client and procedure (free form): technician's observations such as effectiveness of anesthesia, particularities of client, the level of the trust to technician, the level of anxiety of client, particularities of skin, procedure process, chosen technique, additional recommendations. Analysis of healed procedures.