Isolaz System Information

The Isolaz System uses photopneumatic technology (i.e., pneumatic/vacuum energy and broadband light) to treat the following:
- mild to moderate acne
- pustular acne
- comedonal acne
- mild to moderate inflammatory acne
- acne vulgaris.

The Isolaz System utilizes a treatment tip that applies a gentle vacuum pressure to draw the area to be treated into the handpiece of the System. This "pulling up" motion brings the treatment targets (acne) closer to the surface of the skin. Broadband light energy is then applied to the targets. The light energy is then converted to heat energy and absorbed by the targets, thereby destroying the targets.

ABSOLUTE CONTRAINDICATIONS TO THE PROCEDURE
- Pregnancy (not a contraindication if only the vacuum component of the device is being utilized)
- Recent sun exposure, tanning bed use, or use of self-tanning products prior to treatment.
- Planned sun exposure including tanning lamps/beds post treatment.
- Patients who have taken Accutane within the past year.

It is imperative that you notify DR. STEWART, DR. ANANTH, or their staff if you meet any of these contraindications prior to the procedure.

RELATIVE CONTRAINDICATIONS TO THE PROCEDURE: use of medications that increase photosensitivity, diabetes, history of keloid scarring, use of anticoagulants, history of bleeding disorders.

It is imperative that you notify DR. STEWART, DR. ANANTH, or their staff if you meet any of these contraindications prior to the procedure.

POTENTIAL SIDE EFFECTS AND RISKS
I am aware of the following possible experiences with laser/light based treatments:
- Discomfort may be experienced during the procedure. If the sensation of a moderate to severe pin prick or heat is felt, or any discomfort is felt during the procedure, please notify DR. STEWART, DR. ANANTH, or the office staff.
- Laser/light treatments may not completely remove or prevent acne.
- During the healing process, there is a possibility of the treated area becoming either darker (hyperpigmented) or lighter (hypopigmented) in color than the surrounding skin. This is usually temporary, but on rare occasion, it may be permanent.
- Transient epidermal (skin) injury manifested with symptoms including mild sunburn-type pain, erythema (redness), edema (swelling), itching, and/or blistering may be experienced. Skin infection is a possibility any time a skin procedure is performed.
- Transient textural changes such as weeping, crust, scabbing, or flaking of the treated areas may be experienced. These changes may require one to three weeks to heal. Bruising of the treated area may also occur.
- Scarring is a rare occurrence, but is a possibility when the skin’s surface is disrupted. To minimize the chances of scarring, it is important to follow all post-treatment instructions carefully. Persons with a history of keloid scar formation may be more prone to scarring after any skin trauma, including laser/light treatments; therefore, caution is advised.
- Those who carry the herpes simplex virus and receive treatments near the affected area may have a "flare-up" of their condition following the procedure. Please notify your provider before your treatment if you have a history of fever blisters.
- Strictly adhering to the post-treatment care instructions can minimize these side effects and risks.
- The laser/light-based technology used in the Isolaz System creates a potential risk of eye damage. To minimize this risk, you will be provided with the appropriate protective eyewear for use during your treatment.

RESULTS NOT GUARANTEED
While treatments are effective in most cases, no guarantee can be made that a specific client will benefit from the procedure. Additionally, the nature of laser/light based procedures may require multiple treatments in order to achieve the desired results, or to determine that treatments may not be completely effective in treating the client’s particular condition. In order to get the best results I will strictly adhere to the post-treatment care recommended to me by DR. STEWART, DR. ANANTH, or their staff.
Consent Form for Isolaz Acne Therapy and Acknowledgement of Receipt of Information:

The Isolaz System uses photopneumatic technology (i.e., pneumatic/vacuum energy and broadband light) to treat the following: mild to moderate acne, pustular acne, comedonal acne, mild to moderate inflammatory acne, acne vulgaris.

I hereby authorize and direct DR. STEWART, DR. ANANTH, or the AESTHETICIAN to perform Isolaz Acne Therapy for the treatment of acne.

☐ I understand that acne is an individual medical skin condition and that not all individuals obtain the same results and that results cannot be guaranteed.

☐ I understand that to achieve the best results, it may take several treatments, and that maintenance treatments may be required.

☐ I understand that compliance with my physician’s prescribed acne medications will help me to achieve faster results along with the Isolaz treatments.

☐ I understand that I must adhere to the pre- and post-treatment instructions provided to me at the time of service.

POTENTIAL SIDE EFFECTS AND RISKS:

There are potential side effects and risks associated with this treatment. I understand that these include, but are not limited to: pain, redness, swelling, bruising, burns, blistering, bleeding, infection, scarring, local nerve damage, unwanted hair removal (which may be permanent), appearance of telangiectasia (tiny blood vessels), hyperpigmentation (treated area becomes darker), hypopigmentation (treated area becomes lighter).

Medical History Disclosure

I ________________________________, understand that I am required to inform DR. STEWART, DR. ANANTH, or the AESTHETICIAN of any changes to my medical history prior to having this procedure. I will also inform the staff of Martha E. Stewart, M.D., LLC of any changes to my health or medical care as they occur during the course of my treatment. In addition, I will inform the staff of Martha E. Stewart, M.D., LLC of all medications, drugs, and other products that I currently take, commence taking, or discontinue taking during the course of treatment. Such changes in medications include but are not limited to, prescription medications (including birth control pills), over-the-counter medications, herbs, supplements and vitamins. I understand that failure to do so on my part may affect the results of my treatment and/or increase the likelihood of side effects or post-treatment complications.

By my signature below, I acknowledge that I have read, or have had read to me, and fully understand the contents of this consent for laser/light based treatments. I have received a copy of the Isolaz System Information and Contraindications. I acknowledge that I do not have any of the conditions described in the “contraindications” section. The treatment described therein and the potential side effects, risks, and alternatives have been satisfactorily explained to me and I understand them. I understand that not adhering to the pre- and post-treatment instructions provided to me may increase my chance of complications. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. The pre/post-treatment instructions have been discussed with me and I understand them. I hereby give my voluntary consent to DR. STEWART, DR. ANANTH, or their appointed staff member to perform the proposed procedure.

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