

Special Deals for Our Existing Clients & Clients!

From Anti-Aging Centers of Connecticut

To all our Groupon clients:

Thank you for purchasing our Groupon offers. To show our appreciation we are offering our Groupon clients

50% off any additional laser hair removal treatments you purchase in the area your Groupon was purchased for. For example, if you purchased 1 medium Groupon worth 3 Brazilian sessions, you can receive your 4-8 Brazilian sessions for 50% off our listed price and pay as you are treated.

We are also offering 50% off any of our other laser treatments which are for skin rejuvenation, leg vein and facial vessels, and vascular and pigmented lesions.

To take advantage of this offer please mention this promotion when making your appointment and bring your coupon with you. Thank you again for joining the Anti-Aging Centers family!

PS Tipping is permitted and encouraged! Tipping is a great way to show our nurses your appreciation so feel free to stuff their tip envelopes!

Redeem at:

764 Campbell Ave.
West Haven, Connecticut 06516

Universal Fine Print:

Not valid for cash back. Doesn't cover tax or gratuity. Can't be combined with other offers. Applies only to the clients stated above.

Expires On:
April 10, 2012

HISTORY CARD

Name _____ Date of Birth _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone (Home) _____ (Work) _____ (Cell) _____
 Email Address _____
 How Referred _____
 Previous Treatments Yes [] No [] Date Last Treated _____ Area _____
 What are your parents ethnic background _____

LOCATION OF EXCESS HAIR

- [] Sideburns [] Chest [] Back of Neck [] Areola [] Glabella [] Shoulders
 [] Gluteal [] Back [] Underarm [] Full Face [] Nose [] Arms
 [] Abdomen [] Ears [] Bikini [] Lip [] Chin [] Hands & Feet [] Legs

Comments: _____

MEDICAL HISTORY

Are you under a doctor's care? _____
 Recent surgery or injury _____
 Are you currently on any mood altering or depression medication? [] Yes [] No
 Allergies: *(ex. Latex, Foods, Medications, Lidocaine)* _____
 Present Medications: _____
 Present Herbal and Vitamin Supplements: _____

Women only. Men skip to next section.

Are you pregnant?	[] Yes [] No	→ If so, Due Date: _____
Regular periods?	[] Yes [] No	Hysterectomy? [] Yes [] No
Over/In Menopause?	[] Yes [] No	Birth Control? [] Yes [] No
Breast Implants	[] Yes [] No	Polycystic Ovarian Syndrome [] Yes [] No

Have you ever had any of the following? If yes, terminated [t] or continued [c]?

Heart Condition	[] Yes [] No	Pacemaker	[] Yes [] No
Cancer Treatment	[] Yes [] No	Hepatitis (Type _____)	[] Yes [] No
Diabetes	[] Yes [] No	HIV	[] Yes [] No
Coagulation Problem	[] Yes [] No	Keloids	[] Yes [] No
Herpes I/II	[] Yes [] No		

I understand that laser hair removal is not immediately permanent and that a series of treatments are necessary to achieve permanent hair reduction. I understand the success of treatments depends largely on my cooperation with my treatment schedule and recommendations made by the laser technician. I agree to inform the technician of any changes in my skin after treatment, as well as changes in my general health.

Print Name: _____ Technician: _____
 Signature: _____ Date: _____

FITZPATRICK SKIN TYPING

- Skin Type I Never Tans, always burns (extremely fair skin, blonde/ red hair)
- Skin Type II Occasionally tans, usually burns (fair skin, sandy to brown hair, green/brown eyes)
- Skin Type III Often tans, sometimes burns during first exposure to sun (medium skin, brown hair)
- Skin Type IV Always tans, never burns (olive skin, brown hair)
- Skin Type V Never burns (dark brown skin, black hair)
- Skin Type VI Never Burns (Black skin, black hair)

We do **NOT** recommend laser therapy if any of the below conditions exist. Please check any box that describes your current health condition. Please advise the technician of any medications you are taking (see form)

- _____ Photosensitivity Disorder
- _____ Herpes (active)
- _____ Shingles (active)
- _____ Seizure disorder triggered by light

SCORE	0	1	2	3	4	Scores
What is your eye color	Light Blue	Blue, Grey or Green	Blue/Hazel	Brown	Brownish Black	
What is the natural color of your hair	Sandy/Red	Blonde	Dark Blonde/Light Brown	Chestnut/Brown	Black	
What is the color of your non-exposed skin	Reddish	Very Pale	Pale with beige tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas	Many	Several	Few	Incidental	None	
What happens the first time you stay in the sun too long	Painful, Redness, Blistering, Peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely burns	Never burns	
To what degree do you turn brown	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
Do you turn brown after the first several hours of sun exposure	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun	Very Sensitive	Sensitive	Normal	Very resistant	Never had a problem	

					TOTAL	SKIN TYPE		
When did you last expose your body to sun or tanning booth or tan creme	More than 3 months ago	2 - 3 months ago	1 - 2 months ago	Less than one month ago	Less than 2 weeks ago			
When did you last expose the area to be treated to sun	More than 3 months ago	2 - 3 months ago	1 - 2 months ago	Less than one month ago	Less than 2 weeks ago			

Skin Type Score	Fitzpatrick Skin Type
0 - 7	I
8 - 16	II
17 - 25	III
25 - 30	IV
Over 30	V - VI

SCORE WITH TANNING HABITS			
TOTAL	SKIN TYPE		

Client Signature _____

Date _____

SKIN ANALYSIS

Have you used Retin A in the last week in the area to be treated? Y / N

Are you currently taking Accutane for acne, or have you taken it in the last 6 months? Y / N
If yes, explain: _____

Have you had a chemical or acid peel on your face in the last 3 months? Y / N

If yes, where and when and what percent?

Have you seen a Dermatologist in the past 6 months? Y / N

If yes, are you using Dermatologist strength skincare products? Y / N
List products: _____

Are you currently using a topical antibiotic on your face for acne? Y / N

Have you taken oral antibiotics in the last two weeks? Y / N

Do you have any tattoos, permanent makeup, or body piercings in the area to be treated? Y / N
Where? _____

Have you had any injectables in the treatment area in the last 6 months? Y / N
(ie. Juvéderm, botox, Restylane)

Do you have excessive hair growth? Y / N

If yes, in what areas on the body?

Do you have a hypo/hyperactive thyroid condition? Y / N

If yes, have you had surgery or taken medication for the condition? Y / N

Have you seen an Endocrinologist in the last year? Y / N
If yes, explain:

Have you tried laser hair removal or other methods of hair removal in the past? Y / N
If yes, explain: _____

Client Signature: _____ Date: _____

CONSENT FORM FOR LASER SERVICES

I _____ authorize Anti-Aging Centers of Connecticut, LLC and its designated staff to perform Laser Hair Removal on my body. I understand that Laser Hair Removal is an FDA-approved treatment method for removing unwanted hair. I have been advised of the possible adverse reactions which are as follows:

PAIN

The Laser causes mild discomfort which can be minimized by applying an anesthetic cream approximately one hour prior to each treatment.

CRUSTING

If superficial crusts form, they should resolve with the gentle care we describe in the aftercare instructions.

PIGMENT CHANGES

Temporary color changes such as hyper pigmentation, which is a brown discoloration, or hypo pigmentation, which is a skin lightening, may occur. While these can take 3 to 6 months to resolve, they rarely lead to permanent scarring (less than 1%).

EYE PROTECTION

Protective eyewear must be worn by everyone present during treatments.

PERSISTENCE OF HAIR

Evaluation of Laser Hair Removal is on going, but studies and clinical experiences suggest that multiple treatments produce long-term hair loss. Although some clients respond better than others, most clients will experience progressive hair loss with each treatment.

By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risks of Laser Hair Removal treatments. Before each treatment I will inform the Laser Technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that recently tanned skin should only be treated with the YAG Laser and only after being out of the sunlight, tanning beds and/or the use of tanning creams for a minimum of 14 days. I also understand that some medications can make my skin photosensitive and either of the aforementioned conditions could cause the Laser to damage my skin. I also agree to comply with the recommended aftercare guidelines which are crucial for healing, prevention of scarring and hyper pigmentation. I hereby release the Anti-Aging Centers of Connecticut, LLC, its medical staff and the specific technician from any liability associated with the above.

Client Signature: _____ Date: _____

Hair Removal Client Instructions

Technician Name _____ Phone Number _____

Pre-Treatment Instructions:

1. Avoid the sun:
 - 7-14 days before and after YAG treatments
 - 4-6 weeks before and 1 week after GentleLASE Alexandrite treatment.
2. You **MUST** avoid bleaching, plucking or waxing hair for 4 weeks prior to treatment.
3. If you have had a history of perioral herpes, prophylactic antiviral therapy may be started the day before treatment and continued one week after treatment.
4. The use of tanning cream, bleach, or Nair must be discontinued *at least 1 week* before treatment. Avoid antibiotics prior to treatment for *1-2 weeks* to avoid photosensitivity. For clients treating their face, please discontinue Retin A *for at least 1 week*, no Accutane *in prior 6 months*, no injectable filler *for 4 weeks prior* to treatment, and no Botox *1 week before and 1 week after*.
5. The laser seeks melanin and it will also be attracted to dark colors. Therefore, if you are treating your bikini area, we ask that you please wear white or light colored undergarments.
6. Tanned skin can be treated with the GentleYAG laser but avoiding direct exposure to the sun or tanning beds in the treatment area is always recommended for at least one week before and after treatments.
7. Skin should be free of all products: makeup, deodorant, creams, oils, etc.

Intra-treatment Care:

1. The skin is cleaned and shaved or left with one day of new growth. The use of the topical anesthetic Lidocaine is optional for discomfort.
2. Epidermal melanocytes compete as the chromophore (target) for the 755 or 1064 nm wavelength with melanin at the target site. The DCD, or cooling device, will be used with the laser to minimize epidermal damage.
3. Safety considerations are important during the laser procedure. Protective eyewear will be worn by the client and all personnel during the procedure.

Post-Treatment Care:

1. Immediately after treatment, there should be erythema (redness) and edema (swelling) at the treatment site which may last up to 2 hours or longer. The erythema may last up to 2-3 days. The application of ice during the first few hours after treatment will reduce the discomfort and swelling that may be experienced but we recommended only aloe vera gel after treatment. Rarely, minor epidermal blistering may occur in which case polysporan cream may be applied. If this should happen, please contact our office immediately and our nurse will give you further instructions.
2. Makeup may be used immediately after treatment unless there is epidermal blistering. It is recommended to use **ONLY NEW** makeup to reduce the possibilities of infection (Folliculitis).
3. Avoid sun exposure to reduce the chance of hyper pigmentations or darker pigmentation for 7 days post treatment. Use sunscreen (SPF 25 or greater) at all time throughout the course of treatment.
4. Avoid picking or scratching of the treated skin. Do not use any other hair removal treatment products or similar treatments (waxing, electrolysis, tweezing or bleaching) that will disturb the hair follicle on the treatment area for 4-6 weeks after the treatment is performed. Shaving may be performed.
5. Call our office with any questions or concerns you may have after the treatment. Return to our office or call for appointment at the first sign of the return of hair growth. This can mean within 4 - 6 weeks for the upper body treated and possibly as long as 4 - 12 weeks for the lower body. Hair regrowth occurs at different rates on different areas of the body. New hair growth will not occur for at least three weeks after treatment
6. Anywhere from 5 - 21 days after the treatment, shedding of the surface hair may occur and this appears as new hair growth. *This is not new hair growth*. You can clean and remove the hair by washing or wiping the area with a wet cloth or loofa sponge.
7. After the axilla (underarms) are treated use a powder instead of deodorant for 24 hours after the treatment to reduce skin irritation.
8. There are no restrictions on bathing except to treat the skin gently, as if you had sunburn, for the first 24 hours.
9. Exercise is not recommended for the first 24 hours after treatment to avoid irritating follicles.

I have received a copy of the Client Instructions:

Client Signature: _____ Date: _____

LASER HAIR REMOVAL PRICE LIST



Treatment Area	Duration	Treatments 1-4 (per treatment)	Buy 3 Get 4th Free	Treatments 5-8 (per treatment)	Buy 5-7 Get 8th Free	Maintenance
Abs (Female)	15 minutes	\$150	\$450	\$95	\$285	\$35
Abs (Male)	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Areola/Nipple	15 minutes	\$95	\$285	\$75	\$225	\$25
Bikini Line	15 minutes	\$295	\$885	\$225	\$675	\$75
Bikini Extended	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Brazilian Bikini	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Cheeks	15 minutes	\$195	\$585	\$150	\$450	\$50
Chest (Female)	15 minutes	\$195	\$585	\$150	\$450	\$50
Chest (Male)	30 minutes	\$495	\$1,485	\$375	\$1,125	\$125
Chest & Abs (Male)	60 minutes	\$695	\$2,085	\$595	\$1,785	\$175
Chin	15 minutes	\$95	\$285	\$75	\$225	\$25
Chin Extension	15 minutes	\$125	\$375	\$95	\$285	\$50
Ears	15 minutes	\$75	\$225	\$55	\$165	\$25
Feet	15 minutes	\$195	\$585	\$150	\$450	\$50
Flanks	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Forearms	30 minutes	\$295	\$885	\$225	\$675	\$75
Forehead	15 minutes	\$95	\$285	\$75	\$225	\$25
Full Arms (Female)	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Full Arms (Male)	30 minutes	\$495	\$1,485	\$375	\$1,125	\$125
Full Back	60 minutes	\$695	\$2,085	\$525	\$1,575	\$195
Full Back (incl. Neck & Shoulders)	60 minutes	\$795	\$2,385	\$595	\$1,785	\$195
Full Beard	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Full Face	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Full Leg	75 minutes	\$695	\$2,085	\$525	\$1,575	\$195
Glabella	15 minutes	\$75	\$225	\$55	\$165	\$25
Gluteals	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Hand	15 minutes	\$195	\$585	\$150	\$450	\$50
Inner Thigh	15 minutes	\$295	\$885	\$225	\$675	\$75
Lip and Chin	15 minutes	\$190	\$570	\$145	\$435	\$45
Lower Leg	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Neck (front/back)	15 minutes	\$195	\$585	\$150	\$450	\$50
Nose	15 minutes	\$75	\$225	\$55	\$165	\$25
Perineal Male Grooming	45 minutes	\$495	\$1,485	\$375	\$1,125	\$125
Sacrum (Female)	15 minutes	\$295	\$885	\$225	\$675	\$75
Sacrum (Male)	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Shoulders (Male)	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Sideburns	15 minutes	\$195	\$585	\$150	\$450	\$50
Toes	15 minutes	\$100	\$300	\$70	\$210	\$45
Underarms	15 minutes	\$195	\$585	\$150	\$450	\$50
Upper Arms	30 minutes	\$295	\$885	\$225	\$675	\$75
Upper Leg	30 minutes	\$395	\$1,185	\$295	\$885	\$95
Upper Lip	15 minutes	\$95	\$285	\$75	\$225	\$25
Full Body Laser	180 minutes	\$9,995	\$0	\$0	\$0	\$495



CANCELLATION

This is a reminder to all our clients about our cancellation policy, which can be also be found posted in our offices. This policy states that there must be a 24 hour notice of cancellation for you scheduled appointment or your account will be charged a \$25.00 cancellation fee.

We will give a courtesy reminder call before your appointment but it is the responsibility of the client to cancel within 24 hours.

Thank you for your attention with this matter

As a client of Anti Aging Centers of Connecticut, LLC, I understand that if I do not call to cancel my appointment within 24 hours of the appointment, I will be charged \$25.00.

Signature

Date