



Please complete the following:

Date: _____

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cell: (____) _____

Work Phone: (____) _____ Email _____

Emergency Contact Name: _____ Emergency Contact Number: (____) _____

Current Employer _____ Occupation _____

This gives us permission to contact you regarding products, treatments, and promotions at all of the above methods: If not, indicate which ones we may use: _____

How did you hear about us? _____

If through internet search, please tell us what source or words you searched:

MEDICAL HISTORY

Please list all allergies (including medications, food, poultry, latex, cosmetics, lidocaine, etc.)

Please list all current medications, including herbal (esp. St John's Wort) or over the counter, you take on a regular basis, or have taken in the last six months:

List all operations (including plastic/laser procedures), hospitalizations, and any serious illnesses:

What are your concerns (please circle any of the following):

Unwanted hair, brown/red spots, wrinkles, lines, sagging skin, acne, blemishes, large pores, age spots, spider veins, other (please list): _____

| | Yes | No | Dates |
|--|-----|-----|-------|
| Diabetes | ___ | ___ | _____ |
| High Blood Pressure | ___ | ___ | _____ |
| Frequent Headaches | ___ | ___ | _____ |
| Seizure or epilepsy disorder | ___ | ___ | _____ |
| Active skin disease/lesions | ___ | ___ | _____ |
| Active infection, Staph infection | ___ | ___ | _____ |
| Cancer, skin cancer, melanoma | ___ | ___ | _____ |
| Serious cardiac disease, blood clots, stroke | ___ | ___ | _____ |
| Bleeding problems with cuts, surgery | ___ | ___ | _____ |
| Jaundice or Hepatitis | ___ | ___ | _____ |
| Thyroid Disease | ___ | ___ | _____ |
| Dizziness, palpitations, fainting spells | ___ | ___ | _____ |
| Cold sores, mouth blisters, fever blisters | ___ | ___ | _____ |
| Weight change of 10 lbs in last 6 mo. | ___ | ___ | _____ |
| Psychiatric Disorders | ___ | ___ | _____ |
| Hormone imbalance | ___ | ___ | _____ |
| Herpes | ___ | ___ | _____ |
| HIV/Aids or Hepatitis | ___ | ___ | _____ |
| Keloids/scars | ___ | ___ | _____ |
| Vitiligo, scleroderma, lupus, hives | ___ | ___ | _____ |
| Tattoos or permanent makeup | ___ | ___ | _____ |
| Other | ___ | ___ | _____ |
| Please elaborate on any yes answers _____ | | | |

PLEASE NOTE: If you have concerns with unwanted fat, please check here _____
 We will tell you about CoolSculpting for fat reduction.

FOR WOMEN ONLY

Please let us know if you have any of the following, we now have treatment options for you:

| | | |
|--|-----|----|
| Urinary Incontinence (stress or urgency, difficulty holding urine) | Yes | No |
| Sexual Dysfunction (painful sex, low or lack of sex drive/libido, difficulty achieving orgasm) | Yes | No |
| Unhappiness with appearance of Cleavage (loss of volume, wrinkles, crepiness) | Yes | No |
| Thinning hair or receding hairline | Yes | No |
| Concerns with “double chin” | Yes | No |

FOR MEN ONLY

Please let us know if you have any of the following, we now have treatment options for you:

| | | |
|--|-----|----|
| Erectile Dysfunction | Yes | No |
| Difficulty maintaining or achieving erection or orgasm | Yes | No |
| Any other sexually related problems | Yes | No |
| Thinning hair or receding hairline | Yes | No |
| Concerns with “double chin” | Yes | No |

SKIN HISTORY

Which of the following best describes your skin type? (please circle one skin type number)

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin (Hispanic)
- VI Black skin

What is your nationality/ancestry? _____

Do you have a history of livido reticularis, an autoimmune disease, in which the blood vessels are constricted or narrowed resulting in mottled discoloration on large areas of the leg or arms? Yes No

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irradiation? Yes No

Have you ever used Accutane? Yes No

If yes, when did you last use it?

What topical medications or creams are you currently using? RetinA [] others (please list):

Have you ever had laser hair removal? Yes No

Have you used any of the following hair removal methods in the past six weeks? shaving [] waxing [] electrolysis [] plucking [] tweezing [] stringing [] depilatories []

Have you had any recent tanning or sun exposure that changed the color of your skin? Yes No

Have you recently used any self-tanning lotions or treatments? Yes No

Do you form thick or raised scars from cuts or burns? Yes No

Do you have hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin) or marks after physical trauma? Yes No

If yes please describe: _____

Notify your physician (circle drug) if you have used any of the of the following in the last year (as they are a contraindication to some laser procedures): St. John's wort, accutane, tetracycline.

Circle any of the following medications you have taken in the last 6 months (as they may increase hair growth):

Birth control pills, androgens (rogaïne), penicillin, cyclosporins, minoxidil, steroids, haldol, phenytoin, thyroid medications.

For our Female clients: Are you pregnant or trying to become pregnant? Yes No

Are you using contraception? Yes No

Are you breastfeeding? Yes No

Are you menopausal or post-menopausal? Yes No

Are you on any type of hormone replacement therapy? Yes No

If yes, please describe: _____

Have you ever smoked? Yes No How much? _____ How long? _____

Are you still smoking cigarettes? Yes No When did you quit? _____

Are you smoking electronic cigarettes (vapor cigarettes)? Yes No

Are you still smoking E-Cigs? Yes No When did you quit? _____

Do you consume alcohol? Yes No How much/often? _____

Who is your personal physician: _____

Who is your personal dermatologist: _____

SKIN CARE & WAXING INFORMATION

List any special skin conditions pertaining to your face or body: _____

What skin care products are you currently using?

Face: soap, cleanser, toner, moisturizer, masks, exfoliator, eye products,
 self tanner

Body: soap, shower gel, scrubs, oil, moisturizer, depilatory products, self tanner

Have you ever had chemical peels, microdermabrasion, or any resurfacing treatments?

In the last three months? yes no

Do you use Accutane, Retin-A, Renova, Adapalene or any other prescription skin products? yes no

In the last three months? yes no

Are you currently using any products that contain the following ingredients:

glycolic acid lactic acid exfoliating scrubs hydroxy acid vitamin A (retinol)

Do you ever experience these conditions on your skin: flakiness tightness obvious dryness

Do you have a tendency to redness? yes no

Do you ever experience oily shine during the day? yes no

Do you ever experience skin breakouts? yes no

Do you ever experience a burning, itching sensation on your skin? yes no

Have you ever had a reaction to any of the following: cosmetics medicine iodine pollen food hydroxy acids animals fragrance sunscreens others _____

What are your skin care goals? _____

I certify that the preceding history statements are true and correct. I am aware that it is my responsibility to inform my service provider of my current medical or health conditions. It is my responsibility to inform my service provider of any changes to preceding information. If I am to enjoy alcohol as part of my experience, I will not hold Seiler Skin responsible for any effects/problems that may occur resulting from alcohol consumption after I leave the office.

Signature: _____

Date: _____

AES/MA Signature: _____

Date: _____

Physician Signature: _____

Date: _____

PLEASE SEE NEXT 3 PAGES

Please read and sign the list of services, prices and the payment and cancellation policy on the following two pages.

Client Agreement - Payment and Cancellation Policy
(Prices do not include required skincare before & after procedures)

Fractional CO2 Laser

All prices below include required topical PRP application

Active FX:

| | |
|-----------------|------------|
| Face | \$2,400.00 |
| Face/Neck | \$2,900.00 |
| Face/Neck/Chest | \$3,400.00 |
| Full Arms | \$1,900.00 |
| Lower Arms | \$1,400.00 |
| Upper Arms | \$1,400.00 |
| Hands | \$1,150.00 |
| Abdomen | \$1,900.00 |
| Upper Back | \$1,900.00 |
| Lower Back | \$1,900.00 |
| Perioral | \$1,300.00 |
| Periorbital | \$1,300.00 |

Add On Additional Area:

| | |
|--------------|------------|
| Hands | \$300.00 |
| Neck | \$500.00 |
| Chest | \$500.00 |
| Neck & Chest | \$1,000.00 |

Deep FX:

| | |
|-----------------|------------|
| Face | \$2,400.00 |
| Face/Neck | \$2,900.00 |
| Face/Neck/Chest | \$3,400.00 |
| Abdomen | \$2,400.00 |
| Chest | \$2,400.00 |
| Perioral | \$1,300.00 |
| Periorbital | \$1,300.00 |

Total FX:

| | |
|-----------------|------------|
| Face | \$2,900.00 |
| Face/Neck | \$3,400.00 |
| Face/Neck/Chest | \$3,900.00 |
| Neck | \$2,400.00 |
| Chest | \$2,900.00 |
| Hands | \$1,400.00 |
| Lip | \$900.00 |
| Perioral | \$1,400.00 |
| Periorbital | \$1,400.00 |

CO2 Split: DeepFX ActiveFX

| | | |
|-----------------|-------------------------|------------|
| Face | \$2,400.00 | \$1,900.00 |
| | <u>Total \$4,300.00</u> | |
| Face/Neck | \$2,900.00 | \$2,000.00 |
| | <u>Total \$4,900.00</u> | |
| Face/Neck/Chest | \$3,400.00 | \$2,200.00 |
| | <u>Total \$5,600.00</u> | |

* Required Post CO2 Kit (In addition to CO2 Price)
\$400-500

***See reverse side for:**
Aesthetic Facial Treatments,
Injections, Kybella,
The Vampire Facelift,
The Vampire Facial,
The Vampire Breast Lift,
O-Shot, and P-Shot!

Fraxel Re:store Dual

Per Treatment:

| | |
|-----------------------|------------|
| Face | \$1,200.00 |
| Face/Neck | \$1,500.00 |
| Face/Neck/Chest | \$1,800.00 |
| Face/Neck/Chest/Hands | \$2,000.00 |
| Chest | \$1,200.00 |
| Neck | \$1,200.00 |
| Hands | \$500.00 |
| Lower Legs | \$1,500.00 |
| Upper Legs | \$1,500.00 |
| Full Legs | \$2,500.00 |
| Lower Arms | \$1,200.00 |
| Upper Arms | \$1,200.00 |
| Full Arms | \$2,000.00 |
| Abdomen | \$1,200.00 |
| Buttocks | \$1,200.00 |
| Perioral | \$500.00 |
| Periorbital | \$500.00 |

Spot Treatment:

| | |
|--------|----------|
| Mini | \$100.00 |
| Small | \$200.00 |
| Medium | \$400.00 |

Add On Fraxel to CO2 or Fraxel Procedure:

| | |
|---------------------|------------|
| Neck | \$300.00 |
| Chest | \$300.00 |
| Hands | \$300.00 |
| Upper or Lower Arms | \$1,000.00 |
| Full Arms | \$1,500.00 |
| Full Arms & Hands | \$1,700.00 |

Exilis (Face & Body Contouring)

| | |
|-----------------|------------------------|
| Face/Neck | \$400.00 per treatment |
| Body (Per Area) | \$300.00 per treatment |
| Eyelids | \$200.00 per treatment |

Laser Spider Vein Treatment

\$400.00 for the first 15 minutes
 \$100.00 per additional 15 minutes

Lam Probe

\$1-200.00 minimum treatment
 (Pricing by doctor at your appointment)

Fotana Tattoo Removal

2x2 \$200 3x5 \$300 4x6 \$425
 5x7 \$550 8x10 \$750

Fotana Pigment/Fotana Acne

Face \$300
 Face/Neck \$400
 Spot \$100-200

IPL for Photo Rejuvenation

Per Treatment:

| | |
|----------------------------|------------|
| Face | \$450.00 |
| Face/Neck | \$550.00 |
| Face/Neck/Chest | \$750.00 |
| Cheeks | \$300.00 |
| Chest | \$450.00 |
| Neck | \$450.00 |
| Hands | \$300.00 |
| Lower Legs | \$600.00 |
| Upper Legs | \$800.00 |
| Full Legs | \$1,200.00 |
| Leg Patch | \$200.00 |
| Lower Arms | \$500.00 |
| Upper Arms | \$500.00 |
| Full Arms (Includes Hands) | \$900.00 |
| Abdomen | \$500.00 |
| Upper or Lower Back | \$500.00 |
| Full Back | \$700.00 |

Spot Treatment:

| | |
|-------|----------|
| Mini | \$100.00 |
| Small | \$200.00 |

Add On IPL area to CO2, Fraxel, or

IPL:

| | |
|----------------------------|----------|
| Neck | \$200.00 |
| Chest | \$200.00 |
| Neck & Chest | \$300.00 |
| Upper Arms | \$400.00 |
| Lower Arms | \$400.00 |
| Full Arms (Includes Hands) | \$700.00 |
| Hands | \$200.00 |

Laser Hair Removal

Per Treatment:

| | |
|----------------------|----------|
| Upper Lip | \$150.00 |
| Chin | \$150.00 |
| Lip & Chin | \$195.00 |
| Cheeks | \$195.00 |
| Full Face (Women) | \$250.00 |
| Full Face (Men) | \$295.00 |
| Naval Line | \$150.00 |
| Underarms | \$195.00 |
| Hands/Feet | \$195.00 |
| Lower or Upper Arms | \$250.00 |
| Full Arms | \$350.00 |
| Bikini Line | \$195.00 |
| Extensive Bikini | \$275.00 |
| Lower or Upper Legs | \$275.00 |
| Complete Legs | \$495.00 |
| Sideburns | \$150.00 |
| Man's Back | \$400.00 |
| Chest/Abdomen | \$400.00 |
| Neck (Front or Back) | \$195.00 |
| Shoulders | \$195.00 |

Add On Second Area:

| | |
|-------------|----------|
| Underarm | \$150.00 |
| Bikini Line | \$150.00 |

Touch Up After LHR Series:

| | |
|---------------|----------|
| Face | \$50.00 |
| Body (Small) | \$100.00 |
| Body (Medium) | \$200.00 |

Aesthetic Facial Treatments

| | |
|--------------------------|----------|
| Illuminize Peel | \$100.00 |
| Vitalize Peel | \$150.00 |
| Rejuvenize Peel | \$250.00 |
| Gel Peel | \$75.00 |
| MicroPeel | \$150.00 |
| Advanced Corrective Peel | \$219.00 |
| HydraFacial Face | \$160.00 |
| Hydra Facial Face/Neck | \$195.00 |
| Revision® Express Facial | \$95.00 |
| Dermaplane | \$95.00 |

Add On Services

| | |
|---------------------------------|------|
| Revision® Mask with Hydrafacial | \$25 |
|---------------------------------|------|

The Vampire Facial

| | |
|------------------|----------|
| Face | \$600.00 |
| Face/Neck | \$700.00 |
| Face/Neck/Chest | \$850.00 |
| Neck | \$600.00 |
| Décolleté | \$600.00 |
| Perioral | \$500.00 |
| Abdomen | \$600.00 |
| Upper/Lower Back | \$600.00 |

CoolSculpting

| | |
|----------------------------|-------|
| Coolsculpting consultation | \$100 |
|----------------------------|-------|

Quote available upon consultation

***See reverse side for:**
**CO2, Fraxel, IPL,
Laser Hair Removal, Exilis,
Q-Switched Fotana, Lamprobe,
and Spider Vein Treatment**

Injections

| | |
|------------------|-----------------------|
| Lipo B12 | \$30.00 per shot |
| Lipo B12 Package | \$150.00 for 6 shots |
| Lipo B12 Package | \$240.00 for 12 shots |
| Botox | \$13.00 per unit* |
| Juvederm | \$660.00 per syringe |
| Voluma | \$975.00 per syringe |
| Vollure | \$750.00 per syringe |
| Volbella | \$450.00 per syringe |
| PRP injections | \$800 per treatment |

*Please note, a \$65 injection fee will be applied to Botox

Multiple Syringe Pricing

| | |
|--------------|---------------------------------------|
| Two Volbella | \$ 800.00 <i>Savings \$100.00</i> |
| Two Juvederm | \$1,200.00 <i>Savings \$120.00</i> |
| Two Voluma | \$1,800.00 <i>Savings \$150.00</i> |
| Two Vollure | \$1400.00 <i>Savings:\$100.00</i> |

Juvederm/ Voluma Treatment Levels:

| | |
|------------------------------------|---------------------------------------|
| Level 2: One Voluma/One Juvederm | \$1,500.00 <i>Savings \$135.00</i> |
| Level 3: Two Voluma/One Juvederm | \$2,300.00 <i>Savings \$310.00</i> |
| Level 4: Two Voluma/Two Juvederm | \$2,800.00 <i>Savings \$470.00</i> |
| Level 5: Three Voluma/One Juvederm | \$3,100.00 <i>Savings \$485.00</i> |

Juvederm/Volbella Combo Treatments

| | |
|---------------------------|---------------------------------------|
| Two Volbella | \$ 800.00 <i>Savings \$100.00</i> |
| One Juvederm/One Volbella | \$ 960.00 <i>Savings \$150.00</i> |
| One Juvederm/Two Volbella | \$1,260.00 <i>Savings \$200.00</i> |
| Two Juvederm/One Volbella | \$1,500.00 <i>Savings \$210.00</i> |
| Two Juvederm/Two Volbella | \$1,800.00 <i>Savings \$260.00</i> |

Additional Add-on Prices

*Add-on prices per syringe if no
combo pricing is available*

| | |
|----------|-------|
| Juvederm | \$600 |
| Voluma | \$900 |
| Vollure | \$700 |
| Volbella | \$300 |

Kybella

| | |
|-------------------------------|-----------------|
| First two treatments | \$1,500.00 each |
| Third and/or Forth treatments | \$1,200.00 each |

The Vampire Facelift

| | |
|--|------------|
| The Vampire Facelift Level 1 (Juvederm with PRP) | \$1,500.00 |
| The Vampire Facelift Level 2 (Voluma with PRP) | \$1,800.00 |
| The Vampire Facelift Level 3 (Juv/Vol with PRP) | \$2,300.00 |
| The Vampire Facelift Level 4 (2 Juv/1 Vol with PRP) | \$2,700.00 |
| The Vampire Facelift Level 5 (2 Vol/1Juv with PRP) | \$2,900.00 |
| The Vampire Facelift Level 6 (2 Vol/2 Juv with PRP) | \$3,400.00 |

Add On Services:

| | |
|-------------------------------|------------|
| The Vampire Facial Neck/Chest | \$600.00 |
| Vampire Hair Restoration | \$1,500.00 |
| The Vampire Breast Lift | \$1,500.00 |
| The O-Shot | \$1,200.00 |
| The P-Shot | \$1,500.00 |
| PRP injections | \$300.00 |

The Vampire Hand

| | |
|--|------------|
| Vampire Hand Level 1 (Juvederm and PRP) | \$1,500.00 |
| Vampire Hand Level 2 (2 Juvederm and PRP) | \$2,000.00 |

The O-Shot

For Women

The O-Shot \$1,400.00

Second Treatment w/in 6 months \$1,200

Add On Services:

| | |
|--------------------------|------------|
| The Vampire Breast Lift | \$1,500.00 |
| Vampire Hair Restoration | \$1,500.00 |
| The Vampire Facial F/N/C | \$600.00 |

**If doing The Vampire Facelift (any) WITH the O-Shot (discounted to \$1,200) GET The Vampire Breast Lift at \$1,200.00*

The P-Shot

For Men

(includes penis pump)

The P-Shot \$1,900.00

Second Treatment w/in 6 months \$1,500

Add On Services:

| | |
|--------------------------|------------|
| Vampire Hair Restoration | \$1,500.00 |
| The Vampire Facial F/N/C | \$600.00 |

**If doing The Vampire Facelift (any) WITH the P-Shot (discounted to \$1,500) GET Vampire Hair Restoration at \$1,200.00*

The Vampire Breastlift

The Vampire Breast Lift \$1,800.00

Add On Services:

| | |
|--------------------------|----------|
| The Vampire Facial F/N/C | \$600.00 |
|--------------------------|----------|

Vampire Hair Restoration

First treatment \$1,900

Additional Treatments \$1,750.00

(Additional treatments at this price are good only if used within 1 year of first treatment)

Add On Services:

| | |
|--------------------------|----------|
| The Vampire Facial F/N/C | \$600.00 |
|--------------------------|----------|

Payment and Appointment Cancellation Policy

Upon scheduling your appointment we will obtain your credit card to hold your appointment and ask for your email address so we can remind you of your appointments.

To ensure that your services start on time, we request that you arrive at least **15 minutes prior** to your scheduled treatment. If you are a new patient, please **arrive 30 minutes prior** to your consultation. If you are late, it will cut into your treatment time or could cause your appointment to be cancelled. If this occurs, our cancellation policy will take effect. Please call us immediately if you are going to be late.

If you need to cancel or reschedule your appointment, see below for Cancellation Policy and Cancellation Fees.

| Procedure | Cancellation Policy | Cancellation Fee |
|----------------------------|-----------------------------------|-------------------------|
| Consultation | At least 24 business hours | \$100 |
| CO2, Fraxel, CoolSculpting | At least 48 business hours | \$500 |
| Vampire Facelift | At least 48 business hours | \$200 |
| Vampire Facial | At least 48 business hours | \$100 |
| All other procedures | At least 24 business hours | \$100 |

This policy applies to patients who cancel or reschedule an appointment outside of our policy as well as patients who do not show for their scheduled appointments.

There is a \$35 fee for any returned checks.

Patient signature

Our Policy Against Treatment Elsewhere

At Seiler Skin, we are happy to treat any and all of your concerns with the treatments and skincare we offer. It is important for you to understand that during your treatment at Seiler Skin we will give you a comprehensive plan to best suit your needs. Therefore, it is important that you do not use skincare or undergo treatments at another facility or practice. This will ensure that your treatments are only done with the supervision of Dr. Seiler and his highly trained staff and not at another facility that may cause problems with the skincare and treatments that you receive here. This is not in any way to keep you from getting a second opinion if you choose, but Seiler Skin reserves the right to discontinue the patient relationship if you do so without Dr. Seiler's approval. Dr. Seiler will be happy to recommend and refer you to specialists in other fields if needed, but he requests that you ask him for a referral. We appreciate your consideration and compliance with this policy which will ultimately ensure that you receive a safe and comprehensive treatment plan.

I have read, understand, and agree to comply with all of the above policies with regards to my financial obligations. I understand that I am responsible for payment in full of all fees as quoted above. Fees are non-negotiable outside of approved specials and discounts. **Please have your credit card ready so we can scan it to your file.**

Patient Signature