

Smartskin Laser Resurfacing Brief Health Info

Name: _____

DOB: ___/___/___

My main concerns I hope to address with this treatment are:

- Brown Spots Fine Lines/Wrinkles Uneven Skin Tone Other: _____

I may also be interested in: NONE

- Deeper Lines/Wrinkles Juvederm/Restylane Eyelid Improvement Facial or Acne Scars
 Botox/Dysport Improved Nose Skin Pore Size Neck Lift
 Face Lift Other: _____

Do you have? (Check All That Apply)

- Immune Suppressing Illness (Diabetes, HIV) Tattoo in treatment area Rheumatoid Arthritis
 Current Active Acne Psoriasis Lupus

Have you had? (Check All That Apply)

- Resurfacing (Laser, Chemical Peel, Dermabrasion) Sun exposure in the past 2 weeks (eg. tan)
 Herpes, Fever Blisters or Cold Sores Radiation treatment to face or neck
 Skin Cancer or Precancer Keloid

Do you take? (Check All That Apply)

- Immune Suppressing Medication (eg. after transplant)

Have you taken any of the following? (Check All That Apply)

- Blood thinners (aspirin, plavix, coumadin, NSAIDS) in the last week? Last time? _____
 Accutane or Soriatane in the past 12 months? Last time? _____
 Topical Isotretinoin or Tretinoin Last time? _____
 Topical Acne Medications Last time? _____

By signing below, I attest that the above information is true and correct to the best of my knowledge. I understand that my rights are protected under HIPAA privacy. I further agree to binding arbitration of any dispute with The OC Center for Facial Plastic Surgery (OCFPS) and will not generate any public or shared written, photo, video, audio or other electronic material that implies a negative evaluation or review of Dr. Ali Sepehr, OCFPS, their associates or staff without first going through a formal arbitration process with independent medical review which finds in my favor and specifically releases me to do so.

X _____

Date: _____