

CURVE TREATMENT DISCLAIMER

The Curve is a new and innovative technology that has been cleared for spot fat reduction and body contouring.

The Curve is one of the tools that we can use to help you reach your goals and the real advantage of this technology lies in the fact that we can specifically target a trouble area. Once the fats have been released from the cell they can be used by the body as a fuel source. It is therefore critical that the dietary and lifestyle changes are made to help support the goals of treatment.

A reduced calorie diet and an exercise program that will help to burn approximately 350 – 500 calories post treatment are ideal. Individual results may vary and it is the responsibility of the client to ensure they are doing the appropriate home care to ensure maximum results. Clients should be consuming a caloric intake equivalent to their target weight (lbs) multiplied by 10. For example a 220lb male who wants to reach 200 lbs should be consuming a daily intake of 2000 calories. In some cases additional support may be required for lymphatic drainage to help stimulate the body to clear the fats that are released from the cell. Most clients experience a ½ inch reduction with each treatment and multiple inches can be lost with a series of treatments.

Patient Agreement

I, _____, in signing this agreement understand that I am beginning a series of treatments to help reach my goals of body contouring and spot fat reduction. I understand that individual results may vary and that I must commit to changing the dietary and lifestyle factors necessary to achieve optimal results. I understand that the first step to a positive change is creating awareness about the steps necessary to reach these goals, and will work diligently to ensure success.

I understand that much of the success of the program will depend on my efforts and that there are no guarantees or assurances that the program will be successful. I realize there may be pre-existing medical conditions that can preclude me from seeing optimal results. By signing this agreement I release the spa/clinic, manufacturer and distributors from any liability regarding this treatment and do so understanding that results can vary from one individual to the next.

I have read and fully understand this consent form and I realize I should not sign this form if all items have not been explained to me. My questions have been answered to my complete satisfaction. I have been urged and have been given all the time I need to read and understand this form.

If you have any questions regarding the risks or hazards of the proposed treatment, or any questions whatsoever concerning the proposed treatment or other possible treatments, ask your doctor now before signing this consent form.

Patient: _____
(Or person with authority to consent for patient)

Witness: _____
(Please Print Name)

Date: _____

PATIENT CONSENT FOR TREATMENT

Welcome and Congratulations!

This is an important decision towards improving your wellness and overall lifestyle!

We share the mutual desire of you reaching all of your wellness goals involving the YOLO Curve. In order for you to reach these goals, we have provided a few points to educate you on achieving your best results. It is important to manage your expectations according to an appropriate diet, lifestyle and exercise program incorporated in conjunction with your LipoLaser treatment protocol.

Ensure Your Best Results

- Avoid consuming large amounts of water prior to treatment(s)
- Don't eat 4 hours prior to treatment(s)
- Drink plenty of water after every treatment
- Incorporate Whole Body Vibration (WBV) post treatment for 10 minutes or
- Ensure you undertake physical activity following each treatment to maximize your results
- Manage caloric intake; excess calories will counteract the laser treatments
- Alcoholic beverages and high sugar content drinks must be avoided before and after treatment(s)

My signature herein constitutes my acknowledgment that I am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that I:

- Have read and understand the information provided in this form;
- Have had my procedure adequately explained to me by my clinician/Doctor;
- Have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction;
- Have received all of the information I desire concerning my procedure;
- Understand all post treatment recommendations and agree to adhere to them;
- Freely assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure;
- Have the right to consent to or refuse any proposed procedure at any time prior to its performance;
- Must notify the clinician if my medical history changes prior to subsequent treatments;
- Consent to photographs of the treatment area;

Please check all that apply:

- for internal documentation of procedure
- for use in informational, educational, marketing or sales purposes. In addition to standard documentation of procedure, I understand that these photographs may appear on web sites, in printed materials, in presentations or exhibits, or in other forms of media, as determined by (Office Name)

I _____ consent to, and authorize _____ to perform
(Print Name) (Print Clinician's Name)

the laser treatment for _____
(Print Treatment Area)

(Patient Signature)

(Printed name of Signatory)

(Date)

Important to Note: 100% certainty of success cannot be assured as with any aesthetic procedure. It is also important to note that in the vast majority of cases, supported by clinical studies, patients achieve results. Results may vary and therefore not meet expectations of all patients completing a full series of treatments.

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YOLO CURVE CLIENT TREATMENT CHART

I confirm the following:

- _____ I am over the age of 18 _____ I have no known liver or kidney disorders
- _____ I am not pregnant or lactating _____ I have no known thyroid gland dysfunctions
- _____ I do not have epilepsy _____ I do not have a compromised immune system
- _____ I do not have a pacemaker _____ I do not have cancer or a history of cancer
- _____ I do not have Herpes Simplex _____ I have no known photosensitivity to sun exposure
- _____ I do not have uncontrolled Hypertension _____ I am not taking drugs that cause photosensitivity

I consent to taking photographs and authorize their anonymous use for the purpose of medical audit, education, and / or promotion _____ (clients initial)

Limitation to Treatment

- _____ I understand there are no guarantees as to the results of this treatment.
- _____ I understand that to achieve maximum results, I may require several treatments.
- _____ It has also been recommended to achieve optimum results, I understand that an appropriate diet and regular exercise will assist to sustain and create a cumulative degree of overall spot fat reduction and body contouring.
- _____ I understand that the YOLO Curve is approved for Pain Management and is used as an off label application for spot fat reduction and body contouring (the YOLO Curve is however approved for body contouring in Europe and Canada).

Risks

I have been informed and I understand that temporary hyperpigmentation / hypopigmentation on rare occasion may occur as a result of treatment. I herby certify that all information that I have provided has been accurate and truthful.

I herby authorize _____ to perform the YOLO Curve procedure for the purpose of aesthetic body contouring and girth loss.

First name _____ Last Name _____ State/Prov _____
Street Address _____ County/City _____ Home Phone _____
Zip/Postal Code _____

(Client Signature) _____ (Date)

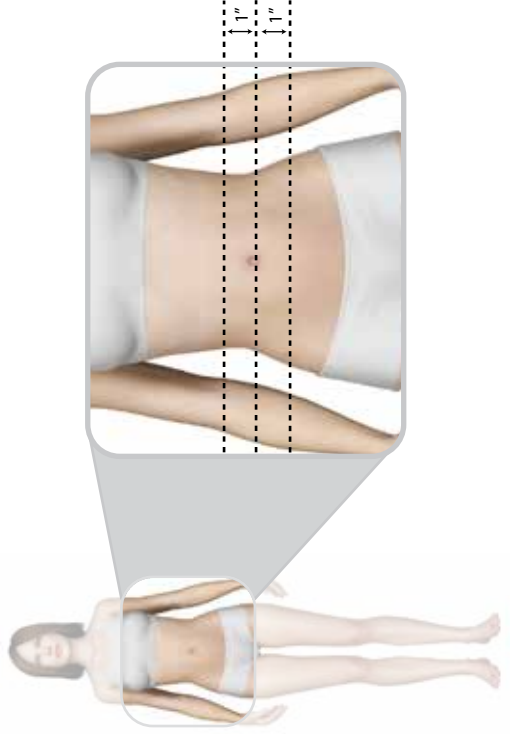


CLIENT TREATMENT CHART : ABDOMINAL

Client Name: _____ Date: _____

Treatments (TX) :	TX 1		TX 2		TX 3		TX 4		TX 5		TX 6		TX 7		TX 8		TX 9		
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	
Upper Abdominal (1" above Umbilicus)*																			
Mid Abdominal (Umbilicus)																			
Lower Abdominal (1" below Umbilicus)*																			
Other																			
Total Inch Loss																			

* This is a guide only as all body types vary and measurements may need to be adjusted accordingly



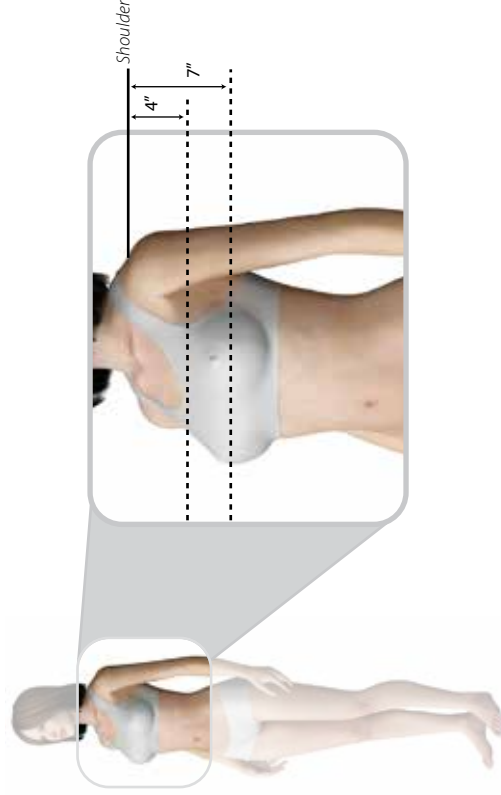
Additional Notes:

CLIENT TREATMENT CHART : ARMS

Client Name: _____ Date: _____

Treatments (TX) :	TX 1		TX 2		TX 3		TX 4		TX 5		TX 6		TX 7		TX 8		TX 9		
Measurements :	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	
Upper Arm (4" below Shoulder)*																			
Mid Arm (7" below Shoulder)*																			
Other																			
Total Inch Loss																			

* This is a guide only as all body types vary and measurements may need to be adjusted accordingly



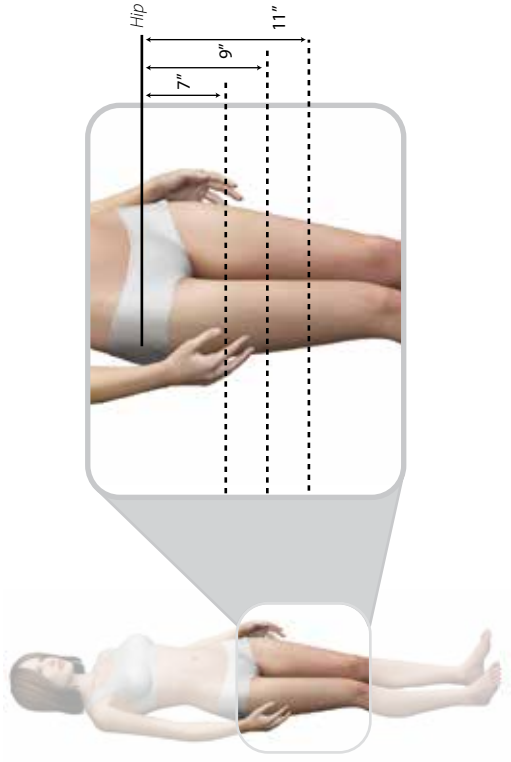
Additional Notes:

CLIENT TREATMENT CHART : THIGHS

Client Name: _____ Date: _____

Treatments (TX) :	TX 1	TX 2	TX 3	TX 4	TX 5	TX 6	TX 7	TX 8	TX 9	TX 10	TX 11	TX 12
Measurements :	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Upper Thigh (7" below Hip)*												
Mid Thigh (7" below Hip)*												
Lower Thigh (11" below Hip)*												
Other												
Total Inch Loss												

** This is a guide only as all body types vary and measurements may need to be adjusted accordingly*



Additional Notes:

CLIENT TREATMENT CHART : CHIN (PHOTO LOG)

Client Name: _____ Date: _____

Treatments (TX) :	TX 1	TX 3	TX 6	TX 9
Date :				
Time :				
Photograph(s) :	<input type="checkbox"/> Pre <input type="checkbox"/> Post	<input type="checkbox"/> Pre <input type="checkbox"/> Post	<input type="checkbox"/> Pre <input type="checkbox"/> Post	<input type="checkbox"/> Pre <input type="checkbox"/> Post
Notes :				



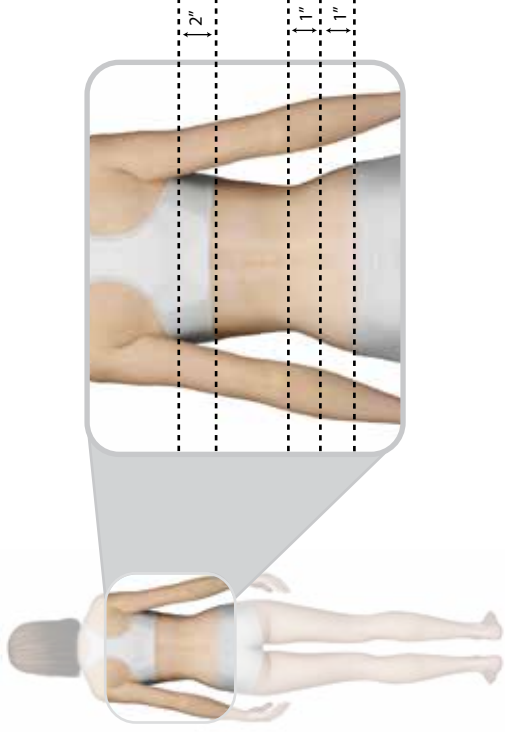
Additional Notes:

CLIENT TREATMENT CHART : UPPER & LOWER BACK

Client Name: _____ Date: _____

Treatments (TX) :	TX 1		TX 2		TX 3		TX 4		TX 5		TX 6		TX 7		TX 8		TX 9		
Measurements :	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	
Upper back - Top (2" above Xiphoid Process)*																			
Upper Back - Bottom (Xiphoid Process)*																			
Total Inch Loss																			
Lower Back - Upper (1" above Umbilicus)																			
Lower back - Mid (Umbilicus)																			
Lower Back - Lower (1" below Umbilicus)																			
Total Inch Loss																			

* This is a guide only as all body types vary and measurements may need to be adjusted accordingly



Additional Notes: