



COVID-19 Liability Waiver

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), NuVo Aesthetic & Wellness is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfection procedures in accordance with the CDC.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Coughing
- Difficulty breathing

I agree to the following:

(Please check the following)

___ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above **WITHIN THE LAST 14 DAYS.**

___ I affirm that I, as well as all household members, have not been diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**

___ I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**

___ I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections **WITHIN THE PAST 30 DAYS.**

___ I understand that NuVo Aesthetic & Wellness cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

NuVo Aesthetic & Wellness is following these enhanced procedures to prevent the spread of COVID-19:

- Prepayment for services available if clients prefer contactless checkout
- Additional time included between appointments to prevent client contact with each other
- Guests accompanying those scheduled for services discouraged
- Each client required to wash hands upon arrival and before leaving
- Your Nurse/Doctor/Esthetician will thoroughly clean hands and wear nitrile gloves during all treatments
- Your Nurse/Doctor/Esthetician will wear a clean set of gloves and cloth mask for each client
- All skincare product bottles used during treatment will be placed on the trolley for disinfection and disposable items will be used when possible
- All surfaces will be wiped thoroughly with hospital grade disinfectant before and after each client according to the manufacturer's directions

By signing below, I agree to each statement above and release NuVo Aesthetic & Wellness from any and all liability for the unintentional exposure or harm due to COVID-19.

NuVo Aesthetic & Wellness agrees to abide by these standards and affirms the same.

Printed Name: _____

Signature: _____

Date: _____



CLIENT INFORMATION AND MEDICAL HISTORY

All information is strictly confidential.

PERSONAL HISTORY

First Name _____

Home Phone _____

Last Name _____

Work Phone _____

Mobile Phone _____

Address _____

Zip Code _____

Gender _____

City _____

Ethnicity _____

State _____

Occupation _____

Birthdate _____

E-mail _____

Age _____

Emergency contact name and phone number _____

How did you hear about us? _____

Which of the following best describes your skin types? (Please circle **one** skin type number)

1. Always burns, never tans
2. Always burns, sometimes tans
3. Sometimes burns, always tans
4. Rarely burns, always tans
5. Brown, moderately pigmented skin
6. Black skin

MEDICAL HISTORY

Are you currently under the care of a physician? YES NO

Are you currently under the care of a dermatologist YES NO

Please list *all* medications _____

Do you have any allergies to medications? _____

Are you currently taking antibiotics? _____

Do you take any medications for hearts conditions? _____

Are you on any mood altering or anti-depression medication? _____

What topical medications or creams are you currently using? _____

What herbal or other supplements do you use regularly? _____

<i>Medical History (past or present)</i>	YES	NO	<i>Medical History (past or present)</i>	YES	NO
Active skin infection or irritation			Autoimmune disease		
Darkening of the skin (hyperpigmentation)			Bleeding/clotting disorder		
Lightening of the skin (hypopigmentation)			Cancer		
Thick or raised scarring			Cold sores		
Used Accutane in the past 6 months			Eczema/psoriasis		
Using Retinol or Glycolic acid			Herpes		
Currently smoke or use other tobacco			Hepatitis		
Regular alcohol consumption			Pace maker/ defibrillator		
Birth control/hormone replacement			Polycystic ovarian syndrome		
Tattoos/permanent make-up			Thyroid disorder		
If "Yes" please explain:			If "yes" please explain:		

Do you have any other health problems or medical conditions not listed?

FOR FEMALE CLIENTS

Are you pregnant or trying to become pregnant? YES NO
 Are you breastfeeding? YES NO
 Are you using contraception? YES NO

I certify that the preceding Personal, Medical, and Medication history statements are true and correct. I am aware that it is my responsibility to inform the doctor, esthetician, or other health professional of my current medical or health conditions and to update this history in timely fashion. A current and accurate medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature _____ Date _____



FINANCIAL POLICY

Please take a moment to read this document thoroughly, sign and date the bottom indicating that you understand and agree to comply with these policies.

- **Payment is due at the time services are provided.** We accept cash, credits, and checks.
- **Payment Plan:** NuVo Aesthetic & Wellness offers 90-day no finance on services rendered for treatments over \$100 per session. NuVo will hold your card on file until the balance is paid in full. At the end of the three-month term of each service, the office reserves the right to charge 18% interest on any remaining balance. Any unpaid balance over 60 days on your account may be assessed a late fee. After 120 days, your account may be assigned to a collection agency. You will be responsible for 100% of our fees as well as any additional fees incurred to resolve this matter. (Payment plan not valid for groupons, laser lipo, acupuncture, massages, and waxing packages.)
- **Returned Checks.** A \$40.00 processing fee will be assessed for any check returned by the bank for reason. This may result in refusal of payment in the future.
- **Broken appointments.** In the event that you unable to make your scheduled appointments, please cancel at least 24 hours prior to the appointment. Canceled or changed appointments with less than 24 hours' notice will result in a fee of \$25 per appointment. For Package plan purchases, one session may be forfeited in lieu of a fee for missed appointments.

If you are more than 15 minutes late for your appointment you will be asked to reschedule.

Terms subject to change without notification.

I have read, understand, and agree to all the terms of NuVo Aesthetic & Wellness financial policy.

Client Printed Name

Client Signature

Date



HIPAA NOTICE OF PRIVACY PRACTICES

(Effective December 19, 2018)

At NuVo Aesthetic & Wellness, Dr. Sunil Patel and his medical staff understand that health information about you is very personal and we are mandated by the Health Insurance Portability and Accountability Act (HIPAA) to protecting your health information. We create a record of the care and services you receive from us, and this record helps to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of our care generated by us and informs you about the ways in which we may use and disclose information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice that is currently in effect.

How we may use and disclose health information about you:

- For Treatment
- For Payment
- For Healthcare operations
- As required by law
- Public Health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- To avert a serious threat to health and safety
- As required by the Military or Veterans and Workers Compensation
- Coroners, health examiners and funeral directors
- National Security and Intelligence activities
- Protective Services for the President and others
- Security Officials for Inmates
- For any services provided by NuVo Aesthetic & Wellness
- For appointment reminders

Your rights regarding Health Information about you:

- Right to inspect and copy
- Right to amend
- Right to Accounting and Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communication

Your Medical Records: The original copy of your and/or electronic medical record is the property of NuVo Aesthetic & Wellness and Dr. Sunil Patel. You may request a copy of your records to be transferred by completing a medical records release form.

Changes to this Notice: We reserve the right to change this notice. We will post a copy of current notice in our facility with the current effective date.

Complaints: if you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please contact the Office Manager at NuVo to file a complaint. For complete, detailed information regarding privacy law, visit www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html.

Permission to Share your Health Information: We are required to follow certain federal guidelines and laws regarding the confidentiality of your personal health information. One of these prevents us from discussing anything in your medical file with anyone other than yourself or other medical personnel involved in your care. If you would like us to discuss your treatment records or other personal information with your significant other, family members, or any other individuals, please fill in their name and relationship to you in the section listed below.

Acknowledgment of Receipt of NuVo Aesthetic & Wellness HIPAA NOTICE OF PRIVACY PRACTICES:

We request that you sign this form acknowledging you have received, read, and reviewed NuVo Aesthetic & Wellness HIPAA Notice of Privacy Practices. If the patient is a minor, the legal guardian is automatically appointed by law to provide/receive protected information on behalf of the patient. I will notify Dr. Patel and/or his staff of any changes or updates to this record. This acknowledgment will become part of your records.

Patient Name: _____ Date: _____

Patient Signature: _____

Relationship to Patient: _____



Hair Restoration PRP Consent Form

Introduction: PRP, or platelet rich plasma, is concentrated with platelets from your own blood. Platelets are naturally occurring substance in your blood that plays an essential role in clotting. As a concentrated source of autologous platelets, PRP contains several growth factors and other cytokines that stimulate healing of bone and soft tissue. PRP has been used in orthopedics for decades and more recently has been used in aesthetic purposes for the scalp. Currently there is little scientific documentation on the effectiveness of PRP treatments of the scalp. There have not been double blind scientific studies about the long-term results and benefits of PRP in the scalp. PRP has been shown, in unscientific observations, to have overall rejuvenating effects on the scalp as in strengthening existing hair follicles.

Results are generally visible at three weeks and continue to improve gradually over the next three to six months. Generally, one to three treatments are advised, however, more may be indicated for some individuals. Current data shows results may last 18-24 months. Once your results are achieved yearly maintenance treatments may be required to maintain your results.

Treatment: Vial(s) of blood is taken from your arm which is typically more than normally taken for routine blood tests. The blood is then placed in a vial and spun in a centrifuge to separate the red blood cells and plasma. The process concentrates the platelet count to about many times normal. This platelet rich plasma is then activated and injected into the scalp with the intention of causing regeneration. PRP causes a mild inflammation that triggers the healing cascade. As the platelets organize in the clot, they release several enzymes to promote healing and tissue responses including attracting stem cells to repair the damaged area. The full procedure takes approximately an hour.

Alternatives for Hair Restoration: PRP hair restoration is through to stimulate and strengthen existing hair follicles but does not create new hair follicles or restore follicles that have already died. Thinning hair is believed to benefit from PRP treatments, but PRP is not believed to treat complete baldness. There are alternative forms to PRP scalp treatments that are non-surgical and surgical. The non-surgical alternatives consist of pharmaceutical therapy as Propecia, topical treatments such as Rogaine, and homeopathic treatments. The surgical alternatives of aesthetic injectables are Follicular Unit Extraction and FUT (strip procedure). Risks and potential complications are associated with alternative forms of treatment.

Risks: There are risks of using any aesthetic PRP injection. Every cosmetic procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a cosmetic procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience complications, you should discuss with your provider or affiliated medical personnel.

Bleeding: It is possible to experience a bleeding episode during and after injections. Should post procedure bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Ask your provider before taking any aspirin or anti-inflammatory medications for ten days before your procedure, as this may contribute to a greater risk of bleeding. Some patients experience a temporary blood sugar increase with PRP injections.

Hair Shock: Shock hair loss is a rare side effect of Platelet Rich Plasma injection. The hair loss is usually temporary.

Infection: Do not undergo PRP injections if you have acute or chronic infections. Infection is unusual after injectables. Should an infection occur, additional treatment including antibiotics, or an additional procedure may be necessary.

Damage to Deeper Structures: Deeper structures such as nerves, blood vessels and muscles may be damaged during treatment with aesthetic injectables. The potential for this to occur varies according to where the treatment is being performed. Injury to deeper structures may be temporary or permanent.

Bruising: Bruising is common after injectables. You may experience short lasting pinkness or redness from flushing of the skin. You may have bruising within a week or more of having any injectables, so time your treatments with your schedule accordingly. Although wound healing after an injectable procedure is expected, you will want to keep ice on the treated area until it subsides. You may be asked to take a medication to reduce or prevent bruising such as Arnica Montana. Contact our office if bruising lasts longer than a week or anytime if you are concerned.

Unsatisfactory Result: Not all patients benefit from PRP injections. There is the possibility of an unsatisfactory result from PRP injections. You may be disappointed with the result of PRP injections. The effectiveness of PRP injections eventually subsides normally.

Allergic Reactions: In rare cases, local allergies to injectables, lidocaine, or topical preparations have been reported. Systemic reactions, which are more serious, may result. Allergic reactions may require additional treatment. Lidocaine, a pain reliever used in most dental offices, is an ingredient in many injectables. Tell your provider if you have any allergy to lidocaine or other allergies. Although rare, an allergic reaction to the solutions in the PRP solution could occur.

Medication Reaction: Tell your provider if you are on or were recently on any medications as they may interfere with the ability of the aesthetic injectables to function. Even use of antibiotics and Aspirin should be brought to your provider's attention. Systemic use of corticosteroids within two weeks of the procedure is not permitted.

Pregnancy: Women should not have PRP injections if they are pregnant or may become pregnant or are breastfeeding.

Conditions that prevent treatment: Some, but not all, conditions that prevent PRP injections:

- Skin diseases (i.e. SLE, porphyria, allergies)
- Recent or Current Cancer or Chemotherapy
- Severe metabolic and systemic disorders
- Platelet and Blood disorders
- Chronic Liver Pathology
- Anti-Coagulation Therapy
- Underlying Sepsis

Additional Treatments may be necessary: In some situations, it may not be possible to achieve optimal results with a single PRP injection session. Touch up treatments should be done once a year after the initial group of treatments to boost and maintain the results. Should complications occur, additional treatments may be necessary. Keep in mind that lifestyle, body weight, health, diet, and the normal aging process can diminish the effects of any aesthetic treatment over time.

Disclaimer: Informed consent documents are used to communicate information about the proposed injectable treatment along with disclosure of risks and alternative forms of treatments. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

This informed Consent should not be considered all-inclusive in defining other methods of care and risks encountered. Your provider or affiliated medical personnel may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge. Standards of medical care are determined based on all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Even though risks and complications occur infrequently, the risks cited are the ones that are particularly, associated with aesthetic PRP injection. Other complications and risks can occur but are even more uncommon. The practice of medicine and aesthetic injectables is not an exact science. Although good results are expected. There cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

Please be advised that PRP/ACELL therapy is not a permanent solution to hair loss. As a therapy, it is recommended to continue to treat the affected area with ongoing PRP/ACELL therapy sessions. This procedure is still experimental, and you may not see results. Dr. Patel's recommendation is based on your current stage of hair loss.

ADVANCING HAIR LOSS AND OTHER FACTORS MAY REQUIRE THE NEED FOR ADDITIONAL PRP/ACELL THERAPY SESSIONS AND/OR HAIR RESTORATION SURGERY.

Please read the statements below and sign if you agree.

I hereby authorize the doctor or his delegated staff, and such assistants as may be selected to perform the following procedure or treatment

Bio-regenerative Scalp Treatments with Platelet Rich Plasma (PRP) aesthetic injectable treatment.

I recognize that during the injectable treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician or affiliated medical personnel or designee(s) to perform such other procedures that are in the exercise of his or her professional judgement necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment are not known to my physician at the time the procedure is begun.

I consent to the administration of such anesthetic considered necessary or advisable. I understand that all forms of anesthetics involve risk and the possibility of complications, injury, and sometimes death.

I acknowledge that not guarantee has been given by anyone as to results that may be obtained.

For purposes of advancing medical education, I consent to the admittance of observers to mt aesthetic injections of PRP.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

1. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN.
2. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT. C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED.

I certify that I have read all pages of this document and give my consent for my injectable PRP procedure.

Patient Signature

Date

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposes procedures to the patient. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

Doctor/Nurse Signature

Date



Plasma Rich Plasma (PRP) Therapy Pre and Post Care

PRECARE INSTRUCTIONS: TO PREPARE FOR THE BLOOD DRAW ASSOCIATED WITH PRP THERAPY

- PRP Therapy is very safe because cells from the patient's own blood are used, which means there are no preservatives and no chance of the body rejecting the cells. The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and there is a potential for bruising at the site.
- For optimal results and decrease the chance of bruising at the draw site, please avoid all blood thinning medications and herbal supplements for 1 week prior to your appointment. avoid taking Aspirin and non-steroidal anti-inflammatory medications (NSAIDS) such as Ibuprofen, Motrin and Aleve. In addition, very high doses of some Vitamins and supplements can thin your blood and increase the chance of bruising. Please notify your provider if you are taking Coumadin, Plavix, or any other blood thinners for a medical condition.
- During the course of your treatments, notify our staff of any changes to your medical history, health status, or personal activities that may be relevant to your treatment.

POST CARE FOR INJECTED PRP WITH MICONEEDLING BLOOD FACIAL

- **What to expect after treatment:** Immediately following the procedure, the most commonly reported temporary side effects are redness, swelling, bruising, tenderness, tingling, numbness, lumpiness, and/or a feeling of pressure or fullness at the injection sites and/or in the treated area(s). Cold gel packs/ice may be gently applied immediately after treatment to reduce swelling.
- **To avoid bruising:** Avoid alcohol consumption for minimum of 6 hours and refrain from taking blood thinners such as Aspirin and NSAIDS for several days. Tylenol is recommended if needed for discomfort.
- **To maximize results and prevent complications:**
 - Avoid touching or scrubbing at the injection sites for 24 hours after treatment.
 - Sleep on your back with your head elevated and avoid rubbing the treated area for 2 weeks.
 - Avoid direct high heat (blow dryer, sun exposure, sauna, steam room, very hot shower, hot yoga, strenuous exercise, ect.) for 24 hours after treatment.
 - Makeup may be applied immediately after treatment if desired.
- **No facials, facial massages, or laser treatments for 2 weeks afterward:** Most facials, chemical peels, laser and light treatments may be done immediately **prior** to the treatment but not for 2 weeks after the treatment. Botox may be injected immediately before or after.
- **Combination therapy for optimal results:** PRP therapy stimulates your skin to grow new, younger tissue however; it does not prevent muscle movement or resurface the skin. Most patients see best results when combining their PRP treatments with other anti-aging procedures such as Botox, HA Filler, AFT, Focus, ect.
- **Follow up Appointment:** Most patients see improvement within 2-4 weeks with continued improvement for up to 12 weeks. If the desired level of correction has not been reached within 4-12 weeks, then we recommend repeating the procedure at the 4-12 week intervals until you achieve the result you desire.
- **Maintenance Treatments:** The results of this treatment can last up to 2 years, but the results vary and research documenting longevity is ongoing. Maintenance treatments are recommended every 6-12 months.

POST CARE FOR TOPICAL APPLICATION OF PRP WITH MICRONEEDLING BLOOD FACIAL

- **To maximize results:** For a minimum of 5 hours after PRP has been applied to your skin, do **NOT**: Wash your skin, expose the treated area to direct high heat, or engage in activities that will get the skin wet or cause you to sweat (blow dryer, sun exposure, sauna, steam room, Jacuzzi, very hot shower, hot yoga, strenuous exercise, ect.)
- **For best results and efficacy:** We recommend a series of 3-6 treatments administered at 2-4 week intervals. You may notice immediate as well as longer term improvements in your skin.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT US IMMEDIATELY AT 301-725-2209.