

UltraSlim
Cold Light
Admission Form

First Name: _____ Last Name: _____ M.I. _____

Street Address: _

City: _____

State: _

Zip: _____

Telephone: _____

E-mail: _

Services To Be Provided: _

What are your treatment goals?

How did you learn about these services?

How did you learn that these services are offered at this location?

Do you have any questions?

Signature

Date

Initials:

Health History Questionnaire

Name (Last, First, M.I.):	<input type="checkbox"/> F <input type="checkbox"/> M	DOB:
Home Address:	Phone:	
Email:		
Location of Services:		

CHECK ANY CONDITION YOU CURRENTLY HAVE

Pregnant Now, or Trying	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Active Cancer Within A Year	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kidney Problems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Liver Problems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Doctor said you should avoid light?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Autoimmune disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lupus Erythematosus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Albinism	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

CHECK ANY PHOTO-SENSITIVE MEDICATIONS THAT YOU TAKE YOU

Gold or Gold 50	<input type="checkbox"/>	Hostacycline	<input type="checkbox"/>	Chlorpromazine	<input type="checkbox"/>
Fulvicin P/G or Fulvicin U/F	<input type="checkbox"/>	Lymercyline	<input type="checkbox"/>	Grifulvin V or Griseofulvin	<input type="checkbox"/>
Gris-Peg	<input type="checkbox"/>	Sumycin	<input type="checkbox"/>	Grisovin	<input type="checkbox"/>
Demecocycline	<input type="checkbox"/>	Folex	<input type="checkbox"/>	Ledermycin	<input type="checkbox"/>
Doxycycline	<input type="checkbox"/>	Ledertrexate	<input type="checkbox"/>	Cyclidox	<input type="checkbox"/>
Doryx	<input type="checkbox"/>	Methotrexate Sodium	<input type="checkbox"/>	Doxycyl or Doxytab	<input type="checkbox"/>
Dumoxin	<input type="checkbox"/>	PF	<input type="checkbox"/>	Noritet	<input type="checkbox"/>
Viacin	<input type="checkbox"/>	Aratac	<input type="checkbox"/>	Vibramycin	<input type="checkbox"/>
Lymecycline	<input type="checkbox"/>	Pacerone	<input type="checkbox"/>	Minocycline	<input type="checkbox"/>
Tetrasal	<input type="checkbox"/>	Amioderone	<input type="checkbox"/>	Minomycin or Minotabs	<input type="checkbox"/>
Cyclimycin	<input type="checkbox"/>	Codarone X	<input type="checkbox"/>	Terramycin	<input type="checkbox"/>
Oxytetracycline Be-oxytet	<input type="checkbox"/>	Terra-Cortril	<input type="checkbox"/>	Cotet	<input type="checkbox"/>
Oxypan	<input type="checkbox"/>	Trexall	<input type="checkbox"/>	Quinolone Derivatives	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	Methotrexate	<input type="checkbox"/>	Nalidixic Acid	<input type="checkbox"/>
Norfloxacin	<input type="checkbox"/>	LPF	<input type="checkbox"/>	Oflaxacin	<input type="checkbox"/>
Tetracycline Group	<input type="checkbox"/>	Mexate AQ	<input type="checkbox"/>	Achromycin or Acromysin V	<input type="checkbox"/>
Actisite	<input type="checkbox"/>	Thorazine	<input type="checkbox"/>	Bristacycline	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	Tetrex	<input type="checkbox"/>	Helidac	<input type="checkbox"/>
Auranofin	<input type="checkbox"/>	Azathioprine	<input type="checkbox"/>	Chlorpromazine HC	<input type="checkbox"/>
Ridaura	<input type="checkbox"/>	Roaccutane	<input type="checkbox"/>	Largactil	<input type="checkbox"/>
Sonazine	<input type="checkbox"/>	Isotretinoin Accutane	<input type="checkbox"/>		<input type="checkbox"/>

Client Signature

Date

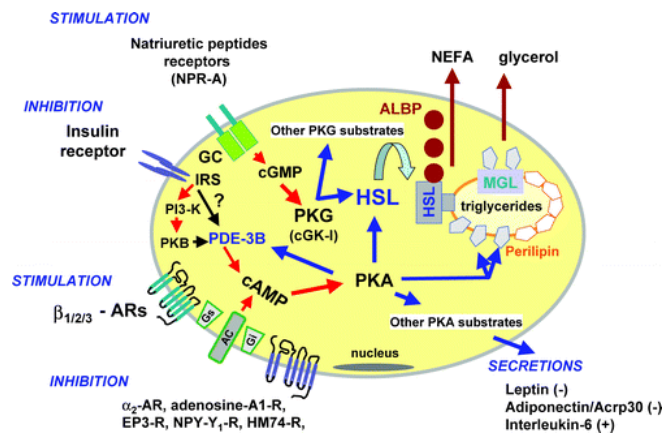
Initials:

UltraSlim[®] Cold Light

Client Procedure Guide

How Does UltraSlim[®] Work?

We trademarked the term “UltraSlim” to describe our unique phototherapy, as heat is not part of its action mechanism. The cascading photochemical mechanism operates at the cellular level and is extremely complex:



There are no needles, no incisions, and no recovery time. Our technology is based on modulating a specific type of narrowband non-coherent light. The modulated light tricks the mitochondria in the nucleus of the fat cell into creating a transitory pore in the cell membrane, allowing the fatty acids and triglycerides to escape into the interstitial space. The liberated fat cell contents are then drained by the lymphatic system and processed by the liver and kidneys as part of the body's normal course of detoxification. The pore in the fat cell will close in about 48-72 hours and the liberated contents will be expelled in the client's waste over the next few days.

Program Description

First, we develop an individualized care plan to achieve your specific goals. Your care plan may include a series of UltraSlim body contouring treatments, whole body vibration, hydration, a compression garment, and nutritional supplements.

We recommend that UltraSlim not be used for fat reduction more than twice a week, as some clients may be unable to void all of the liberated fat cell contents. Once weekly is preferred for most patients. In this example, the patient had five treatments, once weekly. Some patients lose more, some lose less.

A “non-invasive facelift” includes a series of 6 skin treatments (3 per week for 2 weeks) with 20 minutes to both sides of the face. Monthly maintenance treatments are recommended to retain a more youthful appearance.

Phototherapy requires **good general health** and that the ability to process waste is not impaired. If you have liver, lymphatic, or kidney problems, or have any serious medical condition, ask your doctor before beginning phototherapy. Do not start phototherapy if you are photo-sensitive or take a photo-sensitive medication. Phototherapy is not for those who are pregnant or trying to become pregnant.



Initials:

Optimize Results

To optimize results, we have designed a program that ensures that the body of the client is given every chance to process the liberated fat. The program is recommended, but not mandatory, and includes:

1. **Nutritional Supplements** aid in the natural detoxification process. We suggest time-release non-flush 500mg Niacin for once daily use, along with 1000 mg of Milk Thistle taken twice daily. If you have health problems or take medications, always check with your pharmacist or doctor before taking any nutritional supplements.
2. **Hydration** is key to optimal cellular function and critical to the success of this procedure. Clients should:
 - a. Drink a minimum of 64 oz. of water each day (two liters). It is recommended you drink eight 8 oz. glasses of water throughout the day to maximize the body's hydration level.
 - b. We recommend that you discontinue the use of coffee or other caffeinated beverages during the course of the program because they are diuretics and cause dehydration. If you feel that you must have coffee, please keep your intake to a minimum. To compensate, drink an amount of water twice as much as the amount of coffee you drank (for instance, if you had one cup of coffee, you should drink two cups of water to re-hydrate your system). This is in addition to the eight 8 oz. glasses of water you should drink each day.
 - c. Each drink of alcohol limits your liver's function, making it unavailable for processing your liberated fat. Try to keep your alcohol consumption to an absolute minimum (complete abstinence would be preferable). For best results, avoid alcohol, fatty foods, ibuprofen, acetaminophen, and other substances which put a strain on your liver.
3. **Lymphatic Stimulation** - The fatty material released by the fat cells will be processed by the lymphatic system. It is therefore critically important to help promote lymphatic system mobilization. There are several ways through which this may be achieved: the most basic and effective is light to moderate activity. You should maintain a regular workout routine consisting of walking for 30 minutes every day or the equivalent. Light exercise at the gym will also be beneficial, as will a series of lymphatic massages (typically on the day following each treatment). Strenuous exercise is not recommended as it reduces the hydration of the client. Massaging the treated areas is also helpful. We offer whole-body vibration therapy, which has been shown to achieve significant lymphatic stimulation.
4. **Compression Garment** - Wearing a compression garment will also help the lymphatic system process the liberated fat and reshape the body. We recommend that you wear a compression garment such as embolism pantyhose, a girdle, corset, Spanx or UnderArmour as tight as can be tolerated, as many hours a day as can be tolerated. We offer compression garments for ladies and gentlemen.
5. **Food Intake** – You should be under no misconception that UltraSlim phototherapy is a license to increase your food intake! On the contrary, we recommend that you maintain a low-fat diet. This allows your kidneys, liver and lymphatic systems to more effectively purge the excess fat as it is converted to energy. We recommend a diet consisting of five small meals per day. Avoid all sugars (sweet tea, sodas, sweets, or any items containing sugar or high fructose corn syrup), avoid all fats (including all fried foods), and avoid carbohydrates (pasta, potatoes, dried beans). Steamed rice is okay, without sauce. Salads and green vegetables are great (spritz is okay, but no dressings with fat and calories). Lean meats and fish are fine. The important take-away is that we are going to shrink your fat. To keep it that way, you need to maintain a good diet and limit each day's caloric intake to balance with the number of calories that you burn that day.

We recommend that hydration and nutritional supplements begin a week before you start treatments and continue through the treatment period and for one week thereafter. We recommend that you massage the fat tissue during the 48 hours following each treatment. We recommend that compression garments should be worn 8 hours a day from the day of the first treatment until one week after the final treatment.

Initials:

What You Can Expect

The patented **UltraSlim®** protocol yields immediate, measureable results. Expect to lose at least two inches of fat from your waist, hips, and thighs at the very first visit. To minimize fat reduction in the face while promoting collagen and elastin, UltraSlim Facial treatments are 20 minutes with the UltraSlim programmed for the appropriate biomodulation. With facial treatments, expect to see your face appear 10 to 15 years younger with the complete series. As with any procedure, results will vary and may be more dramatic from one client to the next. And results will vary depending on the protocol that you use.

Your Treatments, Step-by-Step

Before your first treatment and at your follow-up visit one week after your last treatment, your measurements will be taken and recorded to track your success.

1. Before your first treatment:
 - a. Measurements will be taken and recorded on the approved form.
 - b. "Before" photos will be taken.
 - c. Our staff will ask about your dietary habits and emphasize the need for a balanced, low-fat, diet.
 - d. Our staff will also discuss the need for mild physical activity and ask you to commit to, at minimum, walking 30 minutes each day.
 - e. All subsequent appointments are scheduled.
2. You will then receive your first treatment:
 - a. You will disrobe, leaving on undergarments to cover the areas that are not to be treated (such as a full-coverage bra). Cover the areas where the fat is to remain and expose to the light the areas where the fat is to be drained. ***The light is much less effective through a client's clothing.***
 - b. The certified technician will position and direct the light at the target areas.
 - c. Each treatment session is scheduled for one hour, which includes treatment time, dressing/undressing, etc. UltraSlim treatments are 8 minutes per area and up to six areas may be treated within an hour session. Skin treatments take 20 minutes per exposure (two for the face).
 - d. We recommend that wearing a compression garment until a week after the final treatment.

Service Description

Price

_____	\$ _____
_____	\$ _____
_____	\$ _____
<i>Total Charges</i>	\$ _____

Any special terms, conditions, or discounts:

I have received a copy of this document, have received satisfactory answers to all of my questions, I consent to treatment, and agree to the terms herein. This is the entire agreement. I understand that, to be effective, any modifications or special terms herein require approval in writing by an officer of Mobile Laser Slimming, LLC.

Client Name

Location

Client Signature

Date

Remedies Signature

Initials:



Before / After Measurements

Patient: _____ Gender: _____

Date of Birth: _____

Date: _____

Technician: _____

	Before	After	Distance	Lost
Measurement 1				
Measurement 2				
Measurement 3				
Measurement 4				
Measurement 5 (Men Only)				
Left Thigh (Ladies Only)				
Right Thigh (Ladies Only)				
Total inches				
Total volume measured (liters)				
Computed pounds lost (9g/mL)				
Calorie forgiven (3500 / pound)				
Required hours on a bike (270/hour)				

Signature of Technician: _____

Signature of Patient: _____

Initials:



Model Release

In consideration of uncompensated services, my receipt of which and the sufficiency of which are hereby acknowledged, I, the undersigned, hereby consent to allow Mobile Laser Slimming, LLC (which does business in its name and with registered business names including UltraSlim, FitSlim Laser, MedSlim Laser, and iSlim Laser) to make digital recordings of me (video, photographs, or other digital recording) and grant all rights to any digital recordings of me in the possession of Mobile Laser Slimming, LLC, or hereafter acquired, including all rights to exhibit and publish the works in print and electronic form, publicly or privately, and to market and sell copies and to use these in any and all types of media, now or hereafter known, for the purpose of marketing and promotions. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used except as provided herein.

I further consent that my name and identity MAY / MAY NOT (circle one) be revealed therein or by descriptive text or commentary.

I understand that there will be no additional compensation or consideration for recording me or for any subsequent use. I represent that I am at least 18 years of age, have read and understand the foregoing, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Witness for the undersigned: _____

Signature: _____

Initials: