



Laura A. Katz, M.D., P.C.

730 N. Macomb St., Ste. 324
Monroe, MI 48162
Office: (734) 242-5588

PATIENT INTAKE FORMS

Personal Information			
Name		Home phone	
Address		Work / Mobile Phone	
City		Province / State	
Zip Code		Date of birth	
Referred by		Gender	Male / Female

Skin Type Assessment			
Fitzpatrick skin type	I II III IV V VI	Ethnicity	
Last exposed to UV	(Sun or tanning bed)		
Passive tan?	Yes / No	Self-tanning lotion?	Yes / No

Hair Assessment			
Areas to be treated			
Hair density	Sparse / Medium / Dense	Hair thickness	Fine / Medium / Coarse
Hair color		Hair density	_____ / cm ²



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Informed Treatment Consent

Patient Name: _____

Treatment Sites: _____

I duly authorize _____ to perform _____ treatment.

I understand that the **GentleMax Pro** is a device used for hair removal, skin rejuvenation, acne treatment, wrinkle reduction, leg veins and other vascular lesion treatments, of which I am consenting to be a patient receiving _____ treatment (specify procedure).

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment.

I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me _____ (patient's initials).

I understand that treatment with the **GentleMax Pro** involves a series of treatments and the fee structure has been fully explained to me _____ (patient's initials).

I certify that have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed to based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form. I understand that my money is not refundable and my results are not guaranteed.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____



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We are so excited you've chosen us for your laser treatment needs! We want to make every effort to provide you with the very best treatment possible so we ask that you take a few minutes to provide us with some information so that we may assess you properly.

Patient Name: _____ Date of Birth: _____

Where did you hear about us? _____

What area(s) are you looking to get treated? _____

Do you tan in the sun or tanning bed? YES NO

If yes, when did you tan last? _____

Circle which of these, if any, that you do or have done:

Pluck Wax Electrolysis

When was the last time you did any of those things listed? _____

Do you have a pacemaker or defibrillator? YES NO

Do you have any metal implants in the area that you wish to receive treatment? YES NO

Do you have a history of cancer? YES NO

Are you pregnant? YES NO

Do you have an immunosuppressive condition (i.e.: HIV, AIDS, LUPUS, RHEUMATOID ARTHRITIS)? YES NO

Do you have the herpes virus? YES NO

Have you had a chemical peel or laser resurfacing? YES NO

If yes, when was the last time you had treatment? _____

Do you have a bleeding disorder or are taking any blood thinning medications? YES NO

Do you get Botox injections for any reason? YES NO

If yes, when was your last treatment? _____

Have you had any fillers injected? YES NO

If yes, when was your last treatment? _____

Do you have any silicone implants? YES NO



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Please look over this medication list and circle any medications you are currently taking.

We want to be sure that laser treatment is safe for you and that you get the best possible final outcome from your laser treatment with us!

Patient Name: _____ Date of Birth: _____

Acne Meds

Isotretinoin
(Accutane)
Tretinoin (Retin-A)

Anticancer

Chlorambucil
Cyclophosphamide
Dacarbazine
Fluorouacil
Flutamide
Mercaptopurine
Methotrexate
Procarbazine
Thioguanine
Vinblastine

Antidepressants

Amitriptyline
Amoxapine
Clomipramine
Doxepin
Imipramine
Isocarboxazid
Maprotiline
Phenelzine
Protriptyline
Trazadone
Trimipramine

Antiepileptics

Sedative, Muscle

Relaxants

Carbamazepine
Cyclobenzaprine
Diazepam
Meprobamate
Phenobarbital
Phenytoin

Antihistamines

Azatadine
Clemastine
Diphenhydramine
Terfenadine
Tripelennamine

Antihypertensives

Captopril
Diltiazem
Methyldopa
Minoxidil
Nifedipine

Antimicrobials

Ciprofloxacin
Clofazimine
Dapsone
Demeclocycline
Doxycycline
Enoxacin
Flucytosine
Griseofulvin
Ketoconazole
Lomefloxacin
Methacycline
Minocycline
Nalidixic acid
Narfoxacin
Ofloxacin
Oxytetracycline
Pyrazinamide
Sulfa drugs
(Bactrim, Septra,
Tetracycline)

Antiparasitics

Bithionol
Chloroquine
Pyruvinium
pamoate

Quinine

Thiabendazole

Antipsychotics

Chlorpromazine
Chlorprothixene
Fluphenazine
Haloperidol
Perphenazine
Prochlorperazine
Promethazine
Thioridazine
Thiothixane
Trifluoperazine
Thioflupromazine
Trimeprazine

Cardiovascular

Amiodarone
Atenolol
Captopril
Diltiazem
Disopyramide
Nifedipine
Propranolol
Quinidine
gluconate
Quinidine sulfate
Verapamil

Diuretics

Acetazolamide
Amloride
Bendroflumethiazide
Benzthiazide
Chlorothiazide
Furosemide
Hydrochlorothiazide
Hydroflumethiazide
Methyclothiazide
Metalazone
Polythiazide
Quinethazone

Trichlormethiazide

Hypoglycemics

Acetohexamide
Chlorpropamide
Glipizide
Tolazamide
Tolbutamide

NSAIDS

Diclofenac
Fenoprofen
Flurbiprofen
Indomethacin
Ketoprofen
Meclofenamate
Naproxen
Phenylbutazone
Piroxicam
Sulindac

Others

Bergamot oil
Oils of citron,
lavender, lime,
sandalwood
Benzocaine
Clobfibrate
Oral contraceptive
Etretinate
Gold salts
Hexachlorophene
Lovastatin
St John's Wort
Gmethylcoumarin
(used in perfumes,
lotions, etc)



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Laser Hair Removal Pricing Information

*Please note that we cannot guarantee permanent removal of hair with only one session.

Area to be treated	Sessions	Length of each treatment	Pricing	How often treated
Lip/Chin	1 session	1-10 minutes	\$125.00	Every 4 weeks
	6 sessions		\$625.00	
Neck	1 session	1-10 minutes	\$175.00	Every 4 weeks
	6 sessions		\$800.00	
Underarms	1 session	5-15 minutes	\$170.00	Every 4 weeks
	6 sessions		\$850.00	
Chest or Abdomen	1 session	20-30 minutes	\$350.00	Every 6-8 weeks
	6 sessions		\$1750.00	
Lower Leg or Upper Leg	1 session	25-35 minutes	\$300.00	Every 8-10 weeks
	6 sessions		\$1500.00	
Bikini area	1 session	15 minutes	\$250.00	Every 6-8 weeks
	6 sessions		\$1250.00	
Back	1 session	35-40 minutes	\$500.00	Every 6-8 weeks
	6 sessions		\$2500.00	
Arms	1 session	25-30 minutes	\$500.00	Every 6-8 weeks
	6 sessions		\$2500.00	
Full Back and Upper Arm	1 session	40-50 minutes	\$700.00	Every 6-8 weeks
	6 sessions		\$4000.00	