

READ THIS FIRST

About Your 2006 Mailorder Program and Your First Mailorder Phone Consultation

Please fill out the Intake Questionnaire and Skin Therapy Agreement (both are below) completely. Then, email or fax them to us at 510-834-8153. Be sure you print clearly in dark ink and fill out everything as accurately as possible. Try to be very specific about your skin problems. This will help us address each of your concerns, learn about active ingredients you have used on your skin in the past, find out about any known allergies, sensitivities, medications you are currently using, etc. We will also address the many lifestyle issues that can affect your skin.

Your telephone consultation appointment will take 20 to 30 minutes to address your skin and lifestyle and review the specialized products you will be using. We'll make every effort to accommodate your needs.

Fax number: 510-834-8153 **Email:** kat@urbanskingsolutions.com

Read about our Mailorder Programs and the program prices, all of which include your first phone consultation (There is a prepaid fee of \$35 without a mailorder program), telephone or email follow-up support, and all of your start-up homecare products. We also offer therapeutic products for your scalp and entire body, and custom-blended foundation and loose powder and oil-free pressed powder. See our current **2006 Retail Price List**.

Payment terms: We accept all major credit cards, cash and ATM (clinic only), money orders, travelers' checks and personal checks with valid I.D. Your shipping address must match your credit card billing address. We regret we cannot offer a monthly payment plan, insurance billing, or documentation for insurance purposes at the present time. We are unable to ship via the U.S. Postal Service (except outside the USA or military) or COD. Thank you in advance for your understanding.

For best results, plan to use your products exactly as directed, be available for brief follow-up calls or emails on a regular basis, and contact us at once if you run into problems. Feel free to ask questions. We're here to help you.

Questions? **Email us at** kat@urbanskingsolutions.com

Over>>>>

MailOrder Programs - 2006

The package prices below are for **Complete Programs** (not just a "kit") including your Initial Consultation, email and telephone follow-up, exclusive hand-picked, full-size therapeutic products you'll need to get clear and stay that way,

Remember.....*it's not what's in that bottle or jar.....*

It's what we know about your skin!

INFLAMED ACNE With (Or Without) DARK SPOTS: Telephone consultation, periodic phone evaluations, email support and unlimited toll-free telephone support during clinic hours, anti-bacterial cleansing gel **or** acne soap **or** skin lightening soap, tonic (reduces redness; alcohol-free) **or** astringent (reduces oil and exfoliates), anti-inflammatory exfoliating clay masque, potent skin bleaching gel (HQ or non-HQ) **or** AHA-salicylic acid acne gel **or** retinol scar gel, daytime skin brightener, our exclusive anti-acne medication, anti-inflammatory product to relieve swelling, itching and dryness, oil-free full spectrum sun protection lotion to help keep spots from getting darker/redder, natural anti-acne supplement. **Program Cost: \$299.**

Acne With Flaking, Itchy Scalp & Brows: (Dandruff, Seborrhea, Seborrheic Dermatitis) Includes all of the above, plus our exfoliating shampoo, non-irritating conditioner, and medicated scalp ointment **or** anti-inflammatory scalp cream **or** scalp spray (oil-free) to reduce dead skin cell build-up, stop itching/hair loss dramatically; hair growth supplement. **Add to above Program: \$95.**

Acne Kits With Complete Non-Clogging Make-Up: Includes all of the above, plus oil-free matte make-up. Please specify **(1) fluid**, **(2) cream soufflé** **or** **(3) sheer quick-dry "shake-it"**. Also specify whether you want **(a)** an extra drop of moisture, or **(b)** clay to absorb excess oil. Also includes: custom triple-milled loose powder, translucent oil-free pressed powder; extra tints to adjust make-up color. **Add to Program: \$60.** Send make-up/powder samples in airtight containers (not dry samples on paper) for color match.

Acne/Hyperpigmentation Program Back-Chest-Shoulders: Telephone consultation, periodic phone evaluations, email support and unlimited toll-free telephone support during clinic hours, anti-bacterial BPO Wash **or** acne soap **or** exfoliating bleaching soap and special brush to exfoliate the body, potent medicated acne night medication, anti-bacterial spray toner, AHA/BHA acne gel (large size) **or** deep-penetrating exfoliating acne bleaching gel (large size) for the body, natural anti-acne natural supplements. **Program: \$225**

Dark Spots or Patches, Uneven Skin Tone, Dark Neck, Under Eye Circles: (face and neck) Telephone consultation, periodic phone evaluations, email support and unlimited toll-free telephone support during clinic hours; skin brightening soap or cleanser; exfoliating bleaching soap; exfoliating bleaching mask; skin lightening gel (HQ or non-HQ); skin brightening gel for use during the day and for sensitive areas like the neck, mouth area, eye area and earlobes; potent retinol gel (exfoliant) **or** oxygen cream (acne-prone pigmentation and clogged pores) **or** under eye brightening cream (dark circles and sun-damage around the eyes) **or** potent skin whitening cream for the neck **or** acne medication for chronic flare-ups; potent full-spectrum sunblock. **Program: \$325**

Hyperpigmentation (Dark Spots) on The Body: (Dark patches, uneven skin tone, keratosis pilaris, old acne blemishes, sun-damage, post-pregnancy, dark stretch marks) Telephone consultation, periodic phone evaluations, email support and unlimited toll-free telephone support during clinic hours, skin brightening soap, exfoliating skin bleaching soap (dark spots, uneven skintone and rough texture), natural bristle body brush (if indicated), two large size bleaching, melanin-inhibiting lotions and/or gels for the body (for dark spots and uneven skintone); full-spectrum sunblock to protect all sun-exposed skin. **Program: \$225**

Razor Bumps, Pseudofolliculitis Barbae, Ingrown Hairs of the Face And Neck Telephone consultation, periodic phone evaluations, email support and unlimited toll-free telephone support during clinic hours, medicated scrub for the bump area, medicated sulfur soap (oily and acne-prone) **or** skin brightening soap (dark shadowing in the beard area); medicated shave cream or soap (bacteria-fighter for inflamed bumps); bump-fighting after shave treatment; oil-free sunblock; anti-bacterial, bump-fighting night medication, skin smoothing/brightening gel to reduce dark shadowing, improve skin tone and smooth out a rough texture; anti-inflammatory day moisturizer to minimize itching and bumping up; PFB Bump Fighter disposable **or** cartridge razors. **Program: \$299**

Acne Keloiditis, Acne Keloidalis, Back-Of-The-Neck Bumps, Scalp Bumps, Acne Prone Scalp And Scarring: Telephone consultation, periodic phone evaluations, email support and unlimited toll-free telephone support during clinic hours, medicated exfoliant scalp cleanser, anti-bacterial spray, potent anti-bacterial bump-fighting medication, anti-inflammatory/anti-itch cream or ointment; extra strength exfoliant gel to help flatten scars, spray disinfectant for clippers, blades, edgers and attachments. **Program: \$225**

Anti-Aging and Sun-Damage: "Lie About Your Age!" (Wrinkles, fine lines, sun spots, facial laxity, rough texture, redness, uneven skin tone) Telephone consultation, periodic phone evaluations, email support and unlimited toll-free telephone support during clinic hours, cleanser per skin type, potent vitamin C serum, Age Limit Resurfacing Serum, wrinkle-refining retinol serum or serum brightener, anti-oxidant sunblock day cream; active anti-aging eye complex; firming complex. **Program: \$299**

Dandruff, Seborrhea, Flaky Scalp: Telephone consultation, periodic phone evaluations, email support and unlimited toll-free telephone support during clinic hours, exfoliating shampoo with shea butter, AHA and BHA, scalp stimulating conditioner, exfoliant gel (for patchy build-up) **or** scalp spray (for light build-up and for those who wear braids), extra-strength, non-oily anti-itch cream (helps heal and relieve itching, even in ears, hairline, sides of nose and eyebrows), medicated scalp ointment, hair growth supplement. **Program: \$175**

Important: All Mailorder Programs include detailed instructions, unlimited email support, telephone follow-ups, written information about your skin or scalp disorder, and current Retail Price List for refills and extras, to your credit card billing address only. Our order minimum is \$50 USA and \$100 outside the USA. Rush service is available upon request and subject to increased handling and shipping fees. Charges for shipping via UPS, US Postal Service, Federal Express, UPS Overnight, Two Day Air, or Three Day Ground Select, and applicable sales tax for California residents are additional.

There must be someone available during the day at your address to receive and sign for your package. Sorry, no parcel post, PO boxes or CODs. We accept VISA, MasterCard, Discover, American Express and Optima, debit and ATM cards, personal checks, money orders, and travelers' checks with valid ID. We promise to ship your order as promptly as possible, but please understand that we're very busy. Please plan ahead and anticipate your needs. Always allow one week for

processing and packing your order and up to eight working days in transit, depending on where you live.

Exchange policy: In the event of a true skin allergy, after prior authorization, the problem product(s) only will be exchanged during the first ten days after your receipt of goods. No refunds. No returns or exchanges after ten days. No substitutions. No exceptions.

Privacy policy: We never share our client mailing list with third parties for any reason.

NOTE: Refills are NOT included in the price of your Mailorder Program. Use products sparingly exactly as directed. All refills are charged at single refill price, plus applicable sales tax, shipping and handling. Please ask for a current Retail Price List.

Send your orders, completed and signed consultation intake form and skin therapy agreement and payment in full. Sorry, no CODs. Returned checks are subject to a \$20 processing fee.

In a rush? Fax your completed and signed Intake Questionnaire and Skin Therapy Agreement and complete credit card information, photocopies of your drivers license or official state ID card and both sides of your credit card, including billing address, card number, expiration date, and both your day and evening phone numbers to fax number 510.834.8153. To order by phone, call: 1.888.876.SKIN (7546) or 510.834.SKIN (7546). All information is kept strictly confidential. We do not share our mailing list with any third party. Email: urbanskincenter@yahoo.com

Personal checks are subject to the usual bank clearing process. Please anticipate your needs and order ahead of time. Allow up to two weeks for delivery. Credit cards must be verified and orders must be shipped to the same address on your credit card account. No exceptions. Call or email if you have questions.

Last Name (Please Print): _____ First Name: _____

Date: _____ Program: _____ Consultation/Only: _____ Consultation/Products: _____

Facial/Treatment only: _____ Known allergies: _____

CONSULTATION INTAKE FORM

Please answer all questions to the best of your ability. PLEASE PRINT CLEARLY. Fill out this form completely before your consultation. PLEASE FILL OUT AND RETURN.

Client name: _____ Date of birth: _____ Age: _____

Street address: _____ Apt: _____ City: _____ State: _____ Zip code: _____

Email: _____ Home phone: _____ Work: _____ Pager: _____

Parent/Guardian (If under 18): _____ Phone: _____

Referred by: _____ Driver License/ID Card Number: _____ Exp. Date: _____

National origin: _____ Race: _____ Skin-tone: _____ Age skin/scalp problem started: _____

Affected areas - Face: _____ Chest: _____ Back: _____ Upper Arms: _____ Other: _____

Skin problems run in family? Parents: _____ Siblings: _____ Other relatives: _____

Ever seen a Dermatologist? _____ Currently seeing him/her? _____ Doctor's name: _____

PRESCRIBED MEDICATIONS: (Past and Present)

Antibiotics? _____ Which one? _____ Side effects? _____ Still using? _____

Accutane? _____ When? _____ Number/cycles? _____ Side effects: _____

Sulfur? _____ Salicylic acid? _____ Retin-A® _____ Cream? _____ Gel? _____ Cortisone? _____ Differin? _____ Cleocin-T? _____

Over-the-counter product names: _____ Did you peel? _____

If Yes, list product(s): _____ Strength: _____

Used benzoyl peroxide (BPO)? _____ Allergic reaction? (swelling, itching, rash, swollen eyes)? _____ Still using BPO? _____

All over affected area or just on spots? _____ Allergy/stinging with aloe? _____ Used a "bleach cream" or "fade cream"? _____

Allergic reaction to "bleach" or "fade" cream, with swelling, extreme itching, fine bumps? _____

Is your skin sensitive? _____ Where? _____ Know why? _____

Explain in detail: _____

Do you scrub? _____ With what? _____ Do you experience itching? _____ Where? _____ How often? _____

Treatments you've gotten: _____

Surgeries: _____ Cosmetic procedures: _____

Exact height: _____ Exact weight: _____ Are you overweight? _____ Amount you have to lose? _____

PRODUCTS YOU NOW USE (Fill in completely, using the Brand Names)

Cleanser: _____ Moisturizer: _____ Sunscreen: _____

Make-up: _____ Blusher? _____ Powder: _____ Cover-up: _____

Hair products: _____ Hair spray/conditioner spray? _____ Brown gel? _____

Oil sheen/braid spray? _____ Leave-In? _____ Grease? _____

FACIAL SKIN TYPE

Oily: _____ Dry: _____ Sensitive: _____ Combination: _____ Sun-Damaged: _____ Scaling? _____ Oily: _____ Extremely oily: _____ Where? _____

Redness? _____ Where? _____ Blackheads? _____ Whiteheads? _____ Cysts? _____ Pustules? _____ Milia (eyes)? _____

Dark Spots? _____ Melasma/large dark patches? _____ Keloids? _____ Where? _____ Flesh moles? _____

Explain and describe your skin or scalp problem in detail: _____

How often do you shampoo? _____ What happens if you don't? _____ Itching on scalp? _____

Scaling on scalp? _____ Hair loss at hairline? _____ Hair loss elsewhere? _____ Unexplained thinning? _____

Pimples on/around scalp? _____ Build-up of dead skin cells or excessive scaling? _____ Where? _____

Flaking and/or sensitivity in brows, on hairline, between brows, inner cheeks, sides of the nose? _____

SHAVING PROBLEMS

Razor bumps? _____ Where? _____ Irritation? _____ Itching? _____ Shadowing? _____ Dark spots? _____

Single edge? _____ Brand: _____ Trac II? _____ Mach III? _____ Electric? _____ Rotary? _____ Clippers/T-Edger? _____

Describe how you sanitize clippers: _____
Direction of stroke: Upward? _____ Downward? _____ Both? _____ How Often? _____ Shaving powder? _____
How many times do you use a blade? _____ Times. side effects? _____
Do you tweeze? _____ Shaving/after shave products: _____
Do you wish to shave? _____ Neck/scalp bumps (acne keloiditis)? _____ Preferred shaving method: _____

HEALTH HISTORY

Illnesses in the past five years (describe): _____ HIV-positive? _____ Hep A,B,C? _____
Height: _____ Weight: _____ Chronic Problems: _____
All medications: _____ Effects: _____
Organ transplant? _____ Medications: _____ Known allergies: _____
High blood pressure? _____ Diuretics? _____ bupropren? _____ Antihistamines? _____ Antibiotics? _____ Steroids? _____
Hormonal imbalance? _____ Anemic? _____ Smoker? _____ Herpes? _____ Type I/II? _____ Oral anti-diabetic meds? _____
Depression/related disorders? _____ PMS/PMDD? _____ Other health problems/medications? _____

WOMEN ONLY

Pregnant now? _____ Recently pregnant? _____ PMS symptoms: _____
Breakouts? _____ Regular periods? _____ Menstrual bloat? _____ Pain? _____ Food cravings? _____ Salty food cravings? _____
Birth control pill? Brand name: _____ Depo provera? _____ When? _____ Side effects? _____
Currently on the Pill? _____ How long? _____ Quit date: _____ Same brand? _____ Which brand now? _____
PolyCystic Ovary Syndrome (PCOS)? _____ Symptoms: _____
Weight gain (middle)? _____ Increased acne? _____ Hirsuteness (excess hair)? _____ Where? _____

YOUR LIFESTYLE

Type of work: _____ Student? _____ School: _____ Major: _____
Stress level: High: _____ Med: _____ Low: _____ Night shift? _____ Graveyard? _____ Hours: _____ Number of hours worked? _____
Constant noise on the job? _____ What kind? _____ Work around chemicals, tar, oil, chlorine, etc? _____
Daily sun exposure: _____ hrs. Weekends: _____ hrs. Sleep per night/day? _____ Broken sleep? _____ Sunscreen? _____
SPF factor: _____ Water (glasses per day) _____ Juices: _____ Herb tea: _____ Tea/coffee: _____ Sodas: _____ Alcohol? _____ How many? _____
Dark spots worse in summer? _____ Salty snacks? _____ Peanuts? _____ Cheese? _____ Dairy: _____ Soy sauce: _____
Salt your food? _____ Fast foods? _____ Kelp/seaweed? _____ Ethnic foods? _____ MSG? _____ Seasoned salt? _____
Vitamins: List all: _____
Smoke marijuana? _____ How often? _____ Other drugs? _____ How often? _____ Cigarettes? _____ How many per day? _____
Exercise strenuously? _____ Steroid use? _____ Workout clothes-cotton? _____ Nylon? _____ Spandex? _____ Other: _____
Shower after workout? _____ Swim/Use a Hot Tub Often? _____ Salt Water? _____ Shower Afterward? _____ Bath Soap: _____
Do you pick? _____ Do you scrub or rub? _____ Detergent brand: _____ Fabric softener? _____ Sheets per Load? _____
Use the phone a lot? _____ Left/right? _____ Headset/earbud? _____ Which side do you sleep? _____ Sleep on hand/arm? _____
Anything else we need to know, but didn't ask? _____

PAYMENT (This Section Must Be Filled Out Completely)

Who is responsible for paying? _____ Start today? _____ If not, when? _____ Payment method: _____
Check: _____ Money order: _____ Travellers cheques: _____ Bank transfer-bank routing number: _____
Bank name: _____ Account number: _____ Check number: _____
Major credit card: _____ Number: _____ Expires: _____
AMEX code (4 digits on front) : _____ Visa/MasterCard code (last 3 digits on back): _____
Name on credit card: _____ Authorized signature: _____
Today's date: _____ Credit card billing address: _____
Which Program? _____ Clinic program? _____ Mailorder Program? _____ Preferred Shipping Method—UPS/Ground: _____ UPS/Overnight: _____ UPS/Two Day: _____ UPS/Three Day: _____ FedEx/Overnight: _____ FedEx/Two Day: _____ FedEx/Saturday: _____ US Postal Service Priority Mail (Overseas/Military Only): _____ Other: _____

Please take the time to review our menu of services, products, treatment series, and complete programs. Would like to begin a program today? _____ A complete individualized home care and follow-up regimen will be prepared for you. Take the time to carefully review all of the literature, fill out all paperwork and feel free to ask questions. To purchase refills of our active products, plan to visit or call us no less often than every 30 days. We accept personal checks with valid Drivers License or Photo ID card (subject to check approval), ATM and debit cards, traveler's checks with valid ID only, ATM, MasterCard, VISA, American Express, Discover and Optima. Sorry, no CODs. Do NOT send cash.

I certify that all of above is true to the best of my knowledge. I am over 18 years of age.

Print name: _____ Signature: _____ Date: _____

Skin Therapy Agreement 2006

To avoid misunderstanding, please review carefully, then initial each line and sign the back.

READ CAREFULLY: Initial and Returning Consultations: \$35

Consultations fee will be deducted from total program cost if the program is started within two weeks of your consultation. No exceptions. All treatments included in Clinic Programs must be gotten within 90 days of starting your program, are non-transferable to others, and not redeemable after 90 days. There is a 24-hour cancellation policy for all treatment appointments. Any missed treatments (included in Clinic Programs or Series of Six) without 24-hour notice will be forfeited. In the event of a true skin allergy, the problem product(s) will be exchanged within first 10 days only. No exceptions. No refunds. **Programs are for first-time clients only.** Product refills are NOT included in programs. Refills and future treatments are charged at individual retail and treatment prices. No appointment necessary to pick-up refills. See current treatment and retail price lists after 2/1/06. Customized Mailorder Programs are available for out-of-town or relocated **first-time** clients only. Periodic follow-up visits are included in all Complete Programs by appointment only and must be scheduled at least every 30 days. **A 15-minute follow-up visit for those not on Complete Programs is \$15.** If more than six months elapse after your last follow-up visit or clinic treatment, you must "start over" with the complete consultation process.

_____ I have read and understand my homecare and agree to follow directions. I understand my schedule for adapting my skin to new active products and acknowledge that (a) exceeding time limits or (b) applying too thick or too often can cause tightness, redness, stinging, flaking, itching and temporary darkening.

_____ I understand that dark spots don't always fade evenly, or at the same rate. Temporary blotchiness, with lighter normal skin tone "peeking" through, is normal. I understand it takes time for dark spots to fade and to achieve an even skin tone.

_____ I agree not to use other skin care products, cosmetics, make-up or hair products without reviewing them with the staff.

_____ During the next few weeks, I may or may not experience dryness, tingling, mild stinging, redness, itching, flaking, tightness, temporary darkening, blotchiness and mild peeling. I understand this is temporary and will subside as my skin adapts to products.

_____ When applying AHA, BHA, glycolic acid, BPO, salicylic acid, sulfur, active "lighteners", and vitamin A (retinoids, retinol), I will avoid the eye area, smile lines, corners of mouth and lips. I will use caution near the mouth, on the neck and on dry, sensitive or irritated areas.

_____ The earth's depleting ozone, sun exposure, my medical profile and many medications can make my skin "sun sensitive". I agree to wear the sunscreen provided by the center exactly as directed on all exposed skin on a daily basis when sun-exposed for any length of time. I will avoid the sun when humanly possible and wear 100% UV protective sunglasses.

_____ In the event of a poison ivy-type rash, accompanied by burning, redness, swelling and fine bumps, I will discontinue use of all products and will call the center immediately.

_____ I understand benzoyl peroxide (BPO) may bleach hair and fabrics, and that all products should be kept out of the reach of children and others. I understand that I must wash my hands thoroughly after applying all therapeutic products. I understand that BPO and sulfur may temporarily tarnish my jewelry.

_____ I agree to patch test HQ skin lighteners as directed. I understand that some people can develop an allergy to many cosmetic ingredients, BPO, sunscreens, fragrances, sulfur and hydroquinone, and that in these cases, the problem product(s) will be exchanged for an alternate product(s) within 10 days of purchase only. No exceptions.

_____ I agree to be consistent with product use, follow-up visits and treatments. I agree inconsistency may lead to new breakouts, dark spots and/or razor bumps, which are "controllable" skin disorders, with no permanent cure. Pitted scars and texture can be improved, but will not disappear.

_____ I understand that many factors can affect my progress, including stress, water intake, sleep, sun, salt and dairy, drug use, medical conditions, weight, pregnancy, hormonal changes, medications and lifestyle.

_____ I understand that stress, sun exposure, friction, oily cosmetics, infrequent shampooing, unauthorized hair products, scented detergents, fabric softeners, tartar control toothpaste, picking, pregnancy and other hormonal changes, lack of sleep, night shift work, home care non-compliance, and/or skipping treatments will play a key role in the success or failure of my program.

_____ I will notify the center of changes to my lifestyle medical history, medications I take, address and telephone numbers.

_____ I understand that genetics (skin conditions that run in families), stress, lifestyle, hormonal imbalances, diet, medical conditions, obesity, prescription medications and shaving/haircut habits, may make some cases very difficult to treat. Urban Skin Solutions staff members can give no promises, time limits or guarantees. I understand there is no "Money Back Guarantee" on programs, products or treatments. We can't "go home with you" to monitor your program, product usage or lifestyle.

_____ I agree to keep my appointments and abide by Urban Skin Solutions' 24-hour notice "Cancellation and No Show Policy", and a copy is available for my files. I understand I will forfeit treatments included in my program if I miss or cancel appointments without 24-hour notice.

_____ Because the center is not equipped to care for unattended children and infants, I agree to find childcare for my scheduled treatments, facials, follow-up appointments and make-up blending appointments, unless arrangements are made in advance.

_____ Before my treatments, I will avoid sun, skip active products the night beforehand, and not shave for 24 hours. I will avoid shaving, sun exposure, active products and scrubs for a full 24 hours after my treatments.

_____ I will not get relaxers, permanent haircolor or other chemical services, use shaving powder or depilatory, get electrolysis, laser treatments, waxing or chemical skin services, use a tanning bed, or get unnecessary sun for four days before and after my treatment.

_____ I understand that if I am using Retinolique, Retinolic Serum, Green Cream, Depigmenting Cream, Hyperpigmentation Cream, Obagi, Retin-A, Renova, Differin, other retinoids (tretinoin, retinol, vitamin A products) or taking Accutane, I may not get waxed at the center. I also understand I must avoid strong skin peels, laser, chemical depilatories and sun exposure. I will let the center know about topical products I use and services I get, and all over-the-counter or prescription medications I take.

_____ I understand that eye creams, moisturizers and lip balms MUST NOT BE WORN around the eyes, the mouth, on the lips or on the neck while using benzoyl peroxide (BPO) because BPO can aggressively migrate right through these products onto the eye area, lips and neck. Swelling, dryness, tightness and temporary darkening may result.

_____ I understand that BPO and vitamin A products must not be worn in direct sunlight, or if I expect to perspire by exercising, hard labor, sleeping in an overheated room, etc.

_____ I understand that I may experience a minor flare-up of acne during the early weeks of treatment. Tiny acne lesions may have already formed deep in my pores and surface in the beginning. This is normal and temporary. Visible acne can take 60- 90 days to clear. I understand that prior to my next two or three periods, I may experience the usual breakouts.

_____ I agree to apply overnight medications as directed at least 30 minutes before bedtime, avoid the entire eye area, and to use caution on the neck and around the mouth. I will use a clean white pillowcase when wearing BPO. I will use products exactly as directed, and not "dot" skin lighteners, glycolic or AHA products onto dark spots, razor bumps or acne.

_____ I understand that nutritional supplements (especially vitamin A), vitamin A creams, serums or gels, retinoids of any kind, and hydroquinone (HQ) must not be used by pregnant or lactating women.

_____ I understand that only partial use of suggested skin care or scalp program may give less-than-satisfactory results, and that permanent lifestyle changes are needed to successfully treat inflamed and stubborn cases.

_____ I request that Urban Skin Solutions, Inc. attempt to improve my skin and/or scalp problems. I understand that treatment usually consists of topical corrective creams, gels, sunscreens and masks, extraction of acne lesions and ingrown hairs, mild clinical exfoliation procedures and permanent lifestyle changes.

_____ I understand that acne, razor bumps, eczema and other inflamed scalp conditions can cause both temporary and permanent scarring and/or skin discoloration. I understand that residual scarring and discoloration after your skin has cleared is not caused by the products or treatments, but by the condition itself, the length of time the condition was active, genetics, sun exposure and damage, picking, scrubbing, scratching and many other factors, including health and lifestyle.

_____ I consent to my treatment program. I have read and fully understand the above statements. I have been given a copy of this agreement for my reference. All of my questions have been answered to my satisfaction.

Name (Print Clearly): _____ Address: _____

Signature: _____ Phone: _____ Date: _____