

A Beautiful Investment...in You!

Biography of Cindy Nickel RN
Nickel Cosmetic, Ltd.

Botox®, dermal fillers and permanent makeup have one main thing in common...no one should know you “did something.” You can’t just go anywhere and get great results. Anyone can do it, but to do it well demands artistry, training and experience. This is the only thing I do. It’s my specialty.

-Cindy Nickel RN

At a young age Cindy’s artistic ability was expressed through oil painting. As time went on, her artistic passion remained—but the canvas changed. Since graduating from the University of Central Oklahoma with a Bachelor in Science and a major in nursing, Cindy has focused her work in the realm of cosmetic enhancement. Cindy has been an integral part of the renowned Gunter Center for Aesthetics & Cosmetic Surgery team in Dallas, TX, for nine years. She provides Botox®, dermal fillers, sclerotherapy and permanent cosmetic makeup. In Oklahoma City, Cindy practices with internationally recognized Paul Silverstein MD, providing the same procedures. “Aesthetic medicine is the perfect match for my skill set,” Cindy says. “Fillers and injectables demand not only a thorough knowledge of anatomy, but a true sense of artistry. I’ve always been fascinated by both the clinical and creative aspects of facial rejuvenation.” Cindy offers patients the very latest in products and application techniques because of her commitment to ongoing education. She has completed over 40 advanced courses in injectable training since 2001. Cindy has the distinction of being a certified instructor for Allergan – the manufacturer of Botox® and Juvéderm™. She instructs plastic surgeons interested in growing their injectable practice the nuances associated with non-invasive rejuvenation.

Cindy’s other passion is the practice of permanent cosmetic makeup. Contrary to other practitioners and salons, Cindy works hard to put the two biggest patient fears to rest; pain and an unnatural result. “Almost without exception a patient’s biggest concern is pain because of stories from others. The good news is it does not have to hurt” explains Cindy. As a nurse, Cindy uses medicine to make the experience comfortable with less downtime. Cindy says, “permanent makeup should never be obvious. A great result means it’s soft, natural and pretty, not applied. My philosophy is the same regarding Botox® and dermal fillers which can be overdone. I take my time and create very subtle changes using a conservative approach. No huge lips or frozen expressions. My practice is almost exclusively referral based. I’m fortunate to have built a sense of loyalty among my patients. Nothing brings me more satisfaction than earning a high level of trust with patients.”

Medical History Form

Name _____ Date _____

Home Address _____ City: _____ State: _____ Zip: _____

Home phone _____ Cell Phone _____ Email Address _____

Occupation _____ Work phone _____ Date of Birth _____

Emergency contact & phone # _____ Pharmacy name & phone # _____

Your privacy is very important to us. Is there any method that you prefer us not to communicate with you? _____

List all Medication, Food, and Makeup ALLERGIES _____

List all medications you are taking: Prescription and Homeopathic as well as Retin A, Glycolic Acid & Acutane, Aspirin, Ibuprofen, Vitamins and all other Over the Counter Meds _____

Have you ever had any adverse reactions to Local Anesthetics? _____

Do you take prophylactic premeds before having a procedure at the dentist Yes No

What products do you use for skin care? _____

Do you have any of the following conditions? (Check Yes or No)

Yes No

Cold Sores, when? _____

Herpes Simplex

Shingles, when? _____

Dry Eye- Use Drops? _____

Corneal Abrasion, when? _____

Eye Surgery or Injury, when? _____

Cataracts

Visual Disturbances/ Glaucoma

Diagnosed with any peripheral motor neuropathic diseases; motor neuropathy or myasthenia gravis or Lambert Eaton Syndrome

Yes No

Tumors/Growths/Cysts (circle)

Abnormal Heart Condition _____

High/Low Blood Pressure (circle)

Circulatory problems

Fainting/Dizzy Spells? _____

Hemophilia

Prolonged Bleeding why? _____

Hepatitis _____

Yes No

Pregnant, or nursing?

Diabetes?

Chemo/Radiation (ever)?

Use Tobacco products?

Cosmetic Surgeries?

Facial Cosmetic Surgery?

Using any eye drops?

Wear contacts?

Previous Cosmetic Surgeries and Dates: _____

Have you had any type of Laser, Fotofacial, Botox, Restylane, Radiesse, Sculptra, Hylaform, Perlane, Collagen, Silicone, Juvederm, Artefill or any other Cosmetic Procedures performed on your face or have scheduled in the future? (Which procedure(s?) Where on your face? When performed or scheduled?) _____

Were you pleased with your result(s?) /any complications/concerns? _____

Any medical concerns about procedure(s) you are interested in today? _____

Who should we thank for sending you to us? _____

Thank you for taking time to fill this out. _____

Signature

Date

Patient Consent Form
BOTOX® Cosmetic *Botulinum Toxin Type A*

Patient Name: _____

Chart #: _____ **Date:** _____

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTOX® Cosmetic treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that **Cindy Nickel, RN** attempt to improve my facial lines with BOTOX® Cosmetic. This is the Allergan Inc. trademark for Botulinum Toxin Type A. These injections have been used for more than a decade to improve spasm of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX® Cosmetic is now approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of BOTOX® Cosmetic relax overactive muscles and soften those vertical lines. Injections in other areas to improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. The results of BOTOX® Cosmetic are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

_____ ***Patient Initials***

The BOTOX® Cosmetic solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next two to seven days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment.

_____ ***Patient Initials***

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid droop, and nausea. BOTOX® Cosmetic should not be used if there is an infection at injection site. Additionally, slight temporary bruising may occur at the injection site. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

_____ ***Patient Initials***

I understand that the results are temporary and several sessions may be needed for optimal results.

_____ ***Patient Initials***

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this BOTOX® Cosmetic treatment today and for all subsequent treatments.

Patient's Signature: _____ **Date:** _____

PRE AND POST CARE FOR INJECTABLES AND PERMANENT MAKEUP

Our busy lives leave little time for “recover,” of any sort, but especially of our face! We see a tremendous difference in our patients who utilize the information included below:

- ✓ Unless prescribed by your physician, if possible, avoid blood thinning agents such as Ibuprofen, Advil, Aleve, Vitamin E, Fish Oil, as well as alcohol seven days prior to your procedure. Aspirin should be stopped **AT LEAST** two weeks prior to your procedure if possible.
- ✓ Immediately following your procedure(s), the most common side effects are redness, swelling, and possible bruising at the injection site(s). The degree to which this will occur following your procedure is dependent on your age, health, medical history, and medication(s) you are currently taking.
- ✓ Following your procedure, elevate your head and use cold compresses intermittently for the first 48 hours.
- ✓ **Arnica Montana** is a homeopathic medication in two forms, pellets and a cream that is widely used to reduce bruising, swelling, pain and shorten recovery time for cosmetic procedures including, but not limited to: Permanent Cosmetic Makeup, and dermal fillers such as Juvederm, Radiesse, Restylane, Sculptra, and Botox. Homeopathic medications are regulated by the FDA, and Arnica Montana was developed in the late 1930's with no known drug interactions. We have recommended this to our patients for years with great success.

How to use the pellets:

Arnica Montana pellets can be started up to three days prior to your procedure, and continued after your procedure as long as needed. The pellets should be handled as little as possible, but placed directly under the tongue, allowing quick diffusion of the medication into the bloodstream. Place 5 pellets under the tongue, three times a day, and allow them to dissolve. At least 15 pellets a day need to be taken prior to your appointment. Immediately following your procedure, take 5 pellets every 15 minutes for an hour, then continue with the regular dosage until all swelling and bruising has been resolved.

How to use the cream: *****Not for Permanent Makeup Procedures*****

Arnica Montana cream should be used following Juvederm, Radiesse, Restylane, Sculptra, Botox and Laser procedures. Arnica cream should be applied up to areas where bruising and swelling are present up to three times a day following your procedure as long as needed. Arnica cream contains no artificial colors or perfumes.

You can purchase Arnica Montana at most local health food stores. The recommended strength of pellets is 12C.

Sincerely,

Cindy Nickel

CINDY NICKEL, R.N.
PATIENT CONSENT AND ACKNOWLEDGEMENT OF
RECEIPT OF PRIVACY NOTICE

I understand that as a part of the provision of healthcare services, Cindy Nickel, RN creates and maintains health records and other information describing among other things, my health history, symptoms, examination and test results, diagnoses, treatment and any other plans for future care or treatment.

I have been provided with a Notice of Privacy Practices that provides a more complete description of the uses and disclosures of certain health information. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their Notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations (quality assessment and improvement activities, underwriting, premium rating, conducting or arranging for medical review, legal services, and auditing functions, etc.) and that the organization is not required to agree to the restrictions requested.

By signing this form, I consent to the use and disclosure of protected health information about me for the purpose of treatment, payment and health care operations. I have the right to revoke this consent, in writing, except where disclosures have already made in reliance on my prior consent.

This consent is given freely with the understanding that:

1. Any and all records, whether written or oral or in electronic format, are confidential and cannot be disclosed for reasons outside of treatment, payment or healthcare operations without my prior written authorization, except as otherwise provided by law.
2. A photocopy or fax of this consent is as valid as the original
3. I have the right to request that the use of my Protected Health Information, which is used or disclosed for the purposes of treatment, payment or health care operations be restricted. I also understand that the Practice and I must agree to any restriction in writing that I request on the use and disclosure of my Protected Health Information and agree to terminate any restrictions in writing on the use and disclosures of my Protected Health Information which have been previously agreed upon.

PATIENT'S NAME PRINTED

DATE

PATIENT'S SIGNATURE (OR GUARDIAN, IF A MINOR)

SOCIAL SECURITY NUMBER

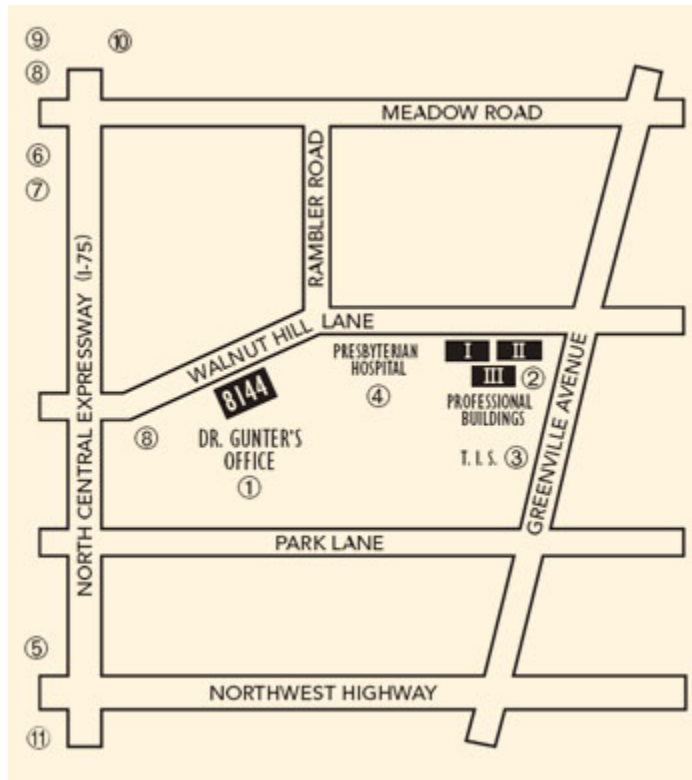
WITNESS (OPTIONAL)

DATE

JACK P. GUNTER, M.D., P.A.
C. SPENCER COCHRAN, M.D.
Michael A. Bogdan, M.D.

8144 Walnut Hill Lane, Suite 170
Dallas, TX 75231
(214) 369-8123- phone
(214) 3692984 - fax

We are conveniently located in North Dallas near North Central Expressway (I-75) and Walnut Hill Ln.



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|---|----------------------------------|
| 1. Gunter Center (17-story AIG Building) | 6. Marriott Residence Inn |
| 2. Southwest Diagnostic (Presbyterian Professional Building III, Suite 100) | 7. Marriott Courtyard |
| 3. Texas Institute for Surgery (7115 Greenville Ave., Suite 100) | 8. CVS Pharmacy |
| 4. Presbyterian Hospital | 9. Tom Thumb grocery store |
| 5. Northpark Mall | 10. La Quinta |
| | 11. The Bradford at Lincoln Park |