SCITON®
BECAUSE RESULTS MATTER

PATIENT PHOTO AND TESTIMONIAL RELEASE FORM

I understand that the photograph(s) or video or audio recording(s) taken of me by my physician, his/her staff, and/or representatives of Sciton, Inc. ("Sciton") shall be used in connection with Sciton's dissemination of product information for any legal, educational, and/or commercial purpose, including without limitation, for promotion and advertising of Sciton products, evaluation of medical procedures, and sharing of that information with, but not limited to, primarily physicians, surgeons, and others associated with the aesthetic medical industry. I also understand that it may be archived on the Sciton website indefinitely and available to third-party internet browsers who may navigate to the Sciton site. I understand that such links can be downloaded from the Sciton site and re-posted to other third-party sites for viewing, etc.

I hereby irrevocably authorize Sciton to copy, post online, exhibit, publish, or otherwise distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing and/or marketing Sciton's products or for any other lawful purpose. I acknowledge that the photograph(s), video and/or audio, or link thereto, may be further redistributed by others once disseminated by Sciton. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears either prior to dissemination, or thereafter.

In addition, I hereby authorize Sciton and its representatives to use, edit and reproduce the testimonial, written by me about Sciton's products (my "Testimonial"), to be made available in Sciton's marketing materials and social media accounts. I understand that my Testimonial may be used in connection with Sciton's dissemination of information about its products for any legal, educational, commercial and/or other lawful purpose, including without limitation, for promotion and advertising of its products to physicians, other health care providers, patients and consumers. I hereby irrevocably authorize Sciton to copy, post online, exhibit, publish, or otherwise distribute my Testimonial. I understand that my Testimonial may be archived on the Sciton website indefinitely and be available to third-party internet browsers who navigate to the Sciton site. I understand that links to my Testimonial on the Sciton site can be downloaded and re-posted to other third-party sites for viewing, etc. Further, I hereby irrevocably authorize Sciton to edit the content of my Testimonial, as needed, to remove any off-label statements. I understand that any edits will remain true to the spirit of my Testimonial, as published in Sciton's marketing material and social media accounts and will not exaggerate or overstate my endorsement of Sciton's products. I waive any right to inspect or approve the finished edits to my Testimonial, either prior to dissemination, or thereafter."

I hereby hold harmless and release and forever discharge Sciton from all liability, damages, claims, demands and/or causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate, have or may have by reason of signing this release form. I further hold harmless and release and forever discharge Sciton in connection with any liability, damages, claims, demands, and/or causes of action whatsoever which may arise by virtue of the posting online or other dissemination of the photograph(s), my Testimonial, video and/or audio—whether or not that posting or dissemination is performed by Sciton, its agents, and/or third-parties.

I hereby consent to the laws of the State of California concerning the interpretation of this Release Form and any claim arising from my signing this form. I further consent to jurisdiction of California state courts of Santa Clara County, California (or, if there is exclusive federal jurisdiction, the United States District Court for the Northern District of California) to the extent that any claim(s) arise as a result of my signing this Release Form, or as a result of any photograph(s), my Testimonial, video and/or audio in which I participate and which is the subject of this Release Form.[1]

1

☐ I would like my images cropped and/or blurred so I'm not recognizable.

Patient's Signature: _____ Date: _____

Patient's Printed Name: _____

Street Address: _____

City, State, Zip Code: _____ Telephone: _____

Treatment Provider Information

As treatment provider to the patient noted above, I hereby assign to Sciton, Inc. the rights to use these media as outlined above.

Provider's Signature: _____ Date: _____

Provider's Printed Name: _____ Email:_____

Facility Name: _____

Street Address: _____

City, State, Zip Code: _____ Telephone: _____

Sciton takes patient privacy seriously and will not share personal information, such as your last name and address. To build a great product for Sciton's customers and provide exceptional services, Sciton needs partners. Sciton reserves the right to utilize third party marketing vendors to handle your data and perform services, who have confirmed are compliant with the various privacy statutes in effect. Sciton does not disclose or sell personal information to third parties; however, should this policy change, Sciton will notify you of same prior to disclosing any information to third parties. If Sciton must be disclose personal information to a third-party, Sciton will require by contract that the third party implement and maintain reasonable security procedures and practices appropriate to the nature of the information, to protect the personal information from unauthorized access, destruction, use, modification, or disclosure. By signing this release you consent to Sciton collecting all data collected in connection with this release, in compliance with the GDPR opt-in requirement. You may opt to withdraw consent at any time by contacting:

Sciton, Inc.
925 Commercial Street
Palo Alto, CA 94303
United States
Phone: +1.650.493.9155
Toll Free: +1.888.646.6999
info@Sciton.com

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PROCEDURE INFORMATION

Type of Sciton Procedure:	**Body Parts Treated:**	**Number Tx:**
ScitonStaX Treatment (Combination): **Yes** ☐ **NO** ☐	**Fitzpatrick Skin Type:** ☐ **I** ☐ **II** ☐ **III** ☐ **IV** ☐ **V** ☐ **VI**	
Date of Before Photo:	**Date of After Photo** *(days, weeks, months)*:	
Describe Order of Treatments:	**System Serial Number used:**	
Other Procedure Used *(fillers or Botox-indicate area, etc.)*:		

JOULE ☐ **mJOULE** ☐	*Filter (nm)*	*Fluence (J/cm^2)*	*Pulse Width (ms)*	*Overlap %*	*Cooling Temp (°C)*	*Adapter Size*	*Pulses*	*Passes*
BBL HERO*ic*								
BBL HERO*ic*								
BBL HERO*ic*								
BBL HERO*ic*								

JOULE ☐ **mJOULE** ☐	*Filter (nm)*	*Fluence (J/cm^2)*	*Overlap %*	*Cooling Temp (°C)*	*Adapter Size*	*Accumulated Energy (J)*
SkinTyte						

Clear Suite **JOULE** ☐ **mJOULE** ☐	*Fluence (J/cm^2)*	*Width (ms)*	*Spot Size*	*Rep Rate (Hz)*	*Average Power*	*Total Shots*	*Cooling Temp (°C)*
ClearSilk							
ClearV							

JOULE ☐ **mJOULE** ☐	*Energy (mJ) Density (%)*	*Density (%)*	*% Per Pass (PPP)*
MOXI			
Super MOXI			
Zone			

	Wavelength	*Depth (µm)*	*Density %*
HALO	*1470*		
	2940		

	1470 nm		*2940 nm*		*1927 nm*		
HALO TRIBRID	*Depth (µm)*	*Density (%)*	*Depth (µm)*	*Density (%)*	*Energy (mj)*	*Density (%)*	*Max Total % Coverage* **Defined as 1470 nm and 1927 nm densities combined* ***within these range*

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Contour TRL, NanoLaserPeel, or MicroLaserPeel

Body Area Treated	*Passes*	*Total Energy (J)*	*Overlap %*	*Depth (µm)*	*Density %*	*Coag Level*
Periorbital						
Perioral						
Cheeks						
Other						
Other						

Notes:

ProFractional

Body Area Treated	*Passes*	*Total Energy (J)*	*Overlap %*	*Depth µm*	*Density %*	*Coag Level*
Periorbital						
Perioral						
Cheeks						
Other						
Other						

Notes:

OMNI	☐ *Basic*	☐ *Smooth Pulse*	☐ *Manual*
Handpiece	*Skin Type*	*Hair Thickness*	*Hair Density*
Fluence (Jcm^2)	*Time (ms)*	*Speed (Hz)*	*Pulse Mode (Single/Double)*
Total J Delivered	*Total Pulse Count*	*Total Treatment Duration*	*Body Area*

Photograph Criteria

Please be sure you have enough light in the room.

a. Photographs should be taken without any make up or jewelry.
b. Consistent lighting, distance and position should be maintained for all before and after photographs.
c. VISIA system or comparable system will be used to capture high-definition photographs.
d. Number of treatment and time points should be included in all photographs.