Applicant's Name:	Completed by:	Date:

MEDICAL/HEALTH SPAS SUPPLEMENTAL APPLICATION

NOTE: PLEASE ATTACH AN INDEX OF YOUR CLIENT CARE PRACTICE POLICIES AND PROCEDURES TO THIS APPLICATION.

Name of Medical Director:	Describe role:
Number of hours on-sight:	Describe Qualifications:

Services: If necessary, answer the questions below using the Comments Section or with a separate attachment.

1. Please describe all the procedures (or attach a list) performed at your facility.

2. Please describe any procedures you plan on adding in the next 12 months.

3. Please describe any products sold and their related revenue. $_____

4. Does your legal counsel review your advertising and brochures prior to release? ☐ YES ☐ NO
5. Do you use any treatments or equipment not approved by the FDA? ☐ YES ☐ NO

Client Services:

6. Does your organization comply with all state licensing and certification requirements? ☐ YES ☐ NO

7. Do you utilize the following patient care practice forms for each client? If no, please explain in the Comments Section.
   a. Client medical history (health status, allergies, medications, etc.) ☐ YES ☐ NO
   b. Consent for each procedure, including risks ☐ YES ☐ NO
   c. Pre and Post procedure client instructions ☐ YES ☐ NO
   d. Minor consent form ☐ YES ☐ NO
   e. Treatment (medical) records ☐ YES ☐ NO

Staff: If necessary, answer the questions below using the Comments Section or with a separate attachment.

8. If you provide Botox treatment, please describe who provides the treatment and what certification they receive and from where.

9. Please describe employee training and certification relating to lasers:

10. Do you require your employees to carry their own malpractice insurance? ☐ YES ☐ NO
    If yes, please describe who and what limits.
    $_____Each occ.
    $_____Aggregate

11. How do you monitor client satisfaction?

Comments Section:

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