

Client: Ganesh test Test (5046)

Aug 23, 2025

Please note: fields with a red asterisk are mandatory.

Legal First Name:

Ganesh

Legal Last Name:

Legai

Test
Date of Birth:

12/10/1980 (age 44)

Minor's Guardian Full Name, If Applicable:

Gender:

Female

Street Address of Residence:

Necessitatibus excepteur aliquip nesciunt ipsam voluptatem sed ducimus enim minim voluptas eos accusantium

Apt./Unit #:

Consectetur corrupti et quaerat dolore adipisicing quos Nam rerum provident accusantium omnis nihil corrupti officia omnis earum

City of Residence:

Et alias accusamus eius facere culpa sunt hic

State of Residence:

CA

Zip Code:

Quis suscipit libero accusamus fugiat ducimus dicta

Mobile Phone:

(121) 212-1212

Email:

somyhi@mailinator.com

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The client allows MedScape GFE to perform the good faith exam and for the good faith exam to be released to:

California Aesthetics

Appointment made?

At appointment now

Check all treatments to have now or possibly would like in the future below: *Note: MedScape GFE does not determine the treatment route and/or dosages nor prescribes. California Aesthetics advises on treatment options within their clinic, scope of practice and protocols according to their medical director's guidelines. Stem Cell Hair Restoration

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Please answer the questions below relating to the selected treatment(s) above:

Have had selected treatment(s) before?

No

Result of previous treatment(s)?

Steady and consistent results

Goal of requested treatment(s)? Select ALL that apply.

Increase Energy

If needed, please explain further below:

5

Under any type of medical care? (i.e. PCP, OB/GYN, allergist, naturopath, mental health, specialist)

No			
6.			
	male assi	gned gende	at birth:
	ntly pregr		
Yes			
Trying to become pregnant?			
Yes		_	
	possibly	be pregnar	?
Yes	.411	+f di2	
Yes	my breas	stfeeding?	
	through	IVF/Planni	g on IVF in the near future?
Yes	unougn	1 V 1 / 1 IGIIII	5 of 1 v 1 in the near ratare.
7.			
List A	LL medi	cations belo	v including homeopathic supplements and vitamins. If none apply, please write in "none".
Nar	ne of Me	edication: S	rt Date:
1	ddee	d	ddd
2	ded		dede
3	ded		leded
8.	aca		
	LL surge	eries and ho	pitalizations below. This includes ALL implantation of objects placed in the body that one is not born with ie devices, stents, piercings. If none
		rite in "non	
	_		ization: Date and Year of Surgery/Hospitalization:
1		deded	ded
2		ded	ded
3		ded	ded
9.		ucu	ucu
	II allero	ries below	nd/or dietary restrictions. If none apply, please write in "none".
		rgy: Reaction	
			L.
1	dede	ded	
2	ded	ded	
3	ded	ded	
10.	TT' -	G' 1	
	-	- Circulato	y and Respiratory System (Please select all that apply):
None	of these		
11.			
		- Nervous	ystem (Please select all that apply):
None	of these		
T£ !! 04]0			
II "otn	er", pieas	se specify	
12.			
Health History - Digestive System (Please select all that apply):			
None	of these		
TOP 4	n 1		
11 "oth	er, pleas	se specify	

13

Health History - Skin (Please select all that apply):

None of These

If "other", please specify

14.

Health History - Other (Please select all that apply):

None of these

If "other", please specify

15.

Please answer the lifestyle questions below:

Average stress level:

Low

Smoke, vape, or chew tobacco?

Daily

On average, how many days per week for alcohol consumption?

Several days per week (3-5 days)

Recreational drugs?

Weekends only

On average, how many glasses of fluids (including water, juice, and decaffeinated tea) are consumed daily? (Glass = 8 ounces)

Around 4-8 glasses

Currently following any specific diet plan? If so, please specify which one(s):

Diabetic

Mediterranean

16.

Approval and/or deferral to medical director's SOPs (description of treatment(s) that client is approved and/or deferred for). Please select all that apply treatments for approved and/or deferred to medical director's SOPs with California Aesthetics. MedScape GFE does NOT condone any off label administration or dosing of ANY treatments. We will approve, however, it is ONLY depending on if California Aesthetics medical director allows for off label treatment(s). For any off label administration and dosage, California Aesthetics must follow policies and procedures as approved by your clinics medical director. If California Aesthetics medical director does not allow for said off label treatment(s), the good faith exam note provided by MedScape GFE's and the high-level provider will be null and void.

Treatment for client is approved or denied to receive at California Aesthetics (select ALL that apply to visit):

Deferred to California Aesthetics medical director's SOPs

Treatment is deferred to California Aesthetics medical director's SOPs with the reason(s) for deferral. If no explanation(s) is/are necessary, please write "not applicable":

Clarification(s) needed from the client before approval. The client MUST resubmit with clarification(s) requested by the good faith exam high-level provider. If the client does not provide what the good faith exam high-level provider requests, the note is void, and therefore, the client is denied. If no explanation(s) is/are necessary, please write "not applicable":

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Term(s) of approved treatment:

1 year (unless medical condition(s) change, medication(s) change and/or anything if anything is added to what is stated and approved in this GFE. If any of the aforementioned apply, the client must be re-seen at the time of discovery AND before their next appointment/treatment(s)

Provide explanation(s) for short-term approval(s) (under one year approval). If no explanation(s) is/are necessary, please write "not applicable":

e-signature

Aug 23, 2025

Good Faith Exam completed by the following MedScape GFE Practitioner:

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Signed by MedScape GFE on Aug 23, 2025 at 01:56 AM from IP 106.219.66.***