HydraFacial™ Nectre® SYSTEM

Owner's Manual



$10.00

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TABLE OF CONTENTS

I. INTRODUCTION ..... p. 4

II. SAFETY..... p. 4

1. **Safety Symbols..... p. 4**
2. **Safety Guidelines..... p. 5**
3. **Service & Maintenance..... p. 7**

III. SET-UP GUIDE p.9

1. **Package Contents..... p. 9**
2. **Full Set-up..... p. 10**
3. **Installation..... p. 10**
   - **Placement of Unit..... p. 10**
   - **Waste Container..... p. 10**
   - **HydraFacial Handpiece..... p. 11**
   - **Install Serum Bottles..... p. 11**
   - **Install Solid Cartridge..... p. 12**
   - **Install Serum Vials..... p. 12**
   - **Adjust Serum Flow..... p. 13**
   - **Lapel Clip..... p. 13**
4. **Operation..... p. 14**
   - **Power..... p. 14**
   - **Vacuum On/Off & Adjustment..... p. 14**

IV. PREVENTIVE MAINTENANCE & SYSTEM CLEANING..... p. 15

V. TROUBLESHOOTING..... p. 16

VI. LIMITED WARRANTY..... p. 18

VII. APPENDIX: Client Consultation & Release Form..... p. 20

I. INTRODUCTION

Thank you for purchasing the HydraFacial™ Nectre® System, a revolutionary breakthrough in aesthetic technology! The HydraFacial treatment is the next generation of exfoliation and skin rejuvenation done simultaneously. The process removes dead skin cells and impurities while simultaneously infusing the new skin with cleansing, hydrating and moisturizing serums & antioxidants. The treatment is soothing, refreshing, non-irritating and very effective. You can have the utmost confidence in this system manufactured by Edge Systems Corporation.

The system is intended for use by trained estheticians. Following is a technical description of the unit purchased, and the intended use:

This is a USA FDA Class I exempt device. The intended use of this system module is to perform dermabrasion (or exfoliation) using mechanical abrasion and water. An additional feature of this module is the capability of introducing topical "dermaceuticals" (commercially available topical creams, etc.) during the treatment. The capability to introduce dermaceuticals during this process is not specifically addressed by the FDA. This is an alternative method of delivering the topical solutions. Edge Systems' claim is the HydraFacial process improves the appearance of signs of aging such as hyperpigmentation, fine lines, and wrinkles.

II. SAFETY

1. SAFETY SYMBOLS

This product and its related documentation must be reviewed for familiarization with safety markings and instructions before operation.

1. Product Marking Symbols



Attention: Refer to accompanying documentation.

Aufmerksamkeit: Beziehen Sie sich begleitend auf Dokumentation.

Attention : Consultez la documentation d'accompagnement.



Separate collection for electronic.

Trennen Sie Sammlung für elektronisch.

Collecte sélective pour l'électronique.

2. Caution and Marking Symbols

WARNING

Calls attention to a procedure, practice, or condition that could possibly cause bodily injury or death.

Ruft Aufmerksamkeit zu einem Verfahren, Praxis, oder Bedingung, die vielleicht körperliche Verletzung oder Tod verursachen könnte.

Une attention particulière doit être portée à une procédure, pratique ou condition qui pourrait causer des blessures corporelles ou la mort.

CAUTION

Calls attention to a procedure, practice, or condition that could possibly cause damage to equipment or permanent loss of data.

Ruft Aufmerksamkeit zu einem Verfahren, Praxis, oder Bedingung,
die vielleicht Schaden an Ausrüstungen oder permanentem Verlust der Daten verursachen könnte.

Une attention particulière doit être portée à une procédure, pratique ou condition qui pourrait causer des dommages à l'appareil ou la perte permanente de données.

2. SAFETY GUIDELINES

1. Always begin treatment conservatively. Follow recommended protocols and contraindications for skin type.
2. Make sure all operators of the system are trained and licensed as required by the state or country before using the unit. Do not operate the unit before being trained. If you have any questions regarding training, call your distributor or call Edge Systems at 1-800-603-4996 (in the U.S. only) or 1-562-597-0102.
3. Be sure to read the Owner's Manual thoroughly before setting up the system.
4. Make sure that a clean handpiece tip is used for each procedure. The HydroPeel tips are for single use.
5. The HydraFacial process should not be used on sensitive areas such as the eyelids and lips. When treating the lip area, do not cross the vermilion border. **The eyelids should be closed at all times during the procedures and covered with protective eyewear or damp cotton pads**. Sterile eye rinse solution should be available at all times to rinse the eyes, should this become necessary.
6. Do a sensitivity test on the neck by the earlobe and increase or decrease the vacuum level as required.
7. Always start the patient at a low vacuum setting and increase the intensity depending on the patient's comfort. Note: each patient's skin condition and sensitivity are different. Excessive force and prolonged treatments are not recommended outside the Edge Systems approved protocol. In light of these variables the suggested setting will vary for each patient. The settings suggested in the protocols reflect the pressure when the handpiece is occluded against the skin. Every individual's skin is unique. Refer to the recommended settings as a guide, not an absolute.

8. Always do a patient/client consultation (see page 20 for example) to determine if the client is a candidate for treatment. Follow contraindication list as pre-determination for treatment.
9. The Edge System™ serums should not be reused under any circumstances. Reusing contaminated serum can cause harm to the client and will void all warranties.
10. Removing contact lenses prior to treatment is recommended.
11. Empty the waste container after each service according to your waste handling protocol.
12. The patient should have a minimum sunscreen SPF 15 applied after the treatment and should use sunscreen on an ongoing basis.
13. It is strongly recommended NOT to use the unit in a steamy room, or remove the unit from the room when doing a steam process.
14. Keep water from electrical components.
15. Liquid should be suctioned only through the HydraFacial handpiece.
16. Only Edge Systems serums should be suctioned through the handpiece. Use of other, non-approved serums will void the warranty and clog the machine.
17. Serums should not exceed the "Use By" date on the serum bottle. Should any products (serums) settle, please contact your distributor or Edge Systems immediately.
18. If in the unlikely event that a patient/client experiences irritation when using a particular serum, discontinue the use of the serum that causes irritation immediately.
19. If you experience mechanical and/or electrical difficulties with your unit, call your distributor or Edge Systems Tech Support.
20. WARNING

Equipment not suitable for use in the presence of a flammable anesthetics mixture with air or with oxygen or Nitrous Oxide.

Ausrüstungen die nicht sind passend für Gebrauch in der Anwesenheit von einer brennbaren Narkosenmischung mit Luft oder mit Sauerstoff oder Stickstoffoxyd.

L'appareil n'est pas destiné à être utilisé en présence d'un mélange anesthésique inflammable avec de l'air, de l'oxygène ou de l'oxyde nitreux.

21. CAUTION

Equipment is designed for use in Hospitals, Clinic's Doctor's offices and qualified beauty salons. If there is potential electromagnetic interference with other equipment or devices, increase distance between them. Also note contraindications of clients with pacemaker type devices.

Ausrüstung ist für Gebrauch in den Krankenhäusern, in den Büros des Doktors der Klinik und in qualifizierten Schönheit Salons bestimmt. Wenn es mögliche elektromagnetische Störung mit anderer Ausrüstung oder Vorrichtungen gibt, erhöhen Sie Abstand zwischen ihnen. Merken Sie auch Kontraindikationen der Klienten mit Friedensstifterarten Vorrichtungen.

L'équipement est conçu pour l'usage dans les hôpitaux, les bureaux du docteur de la clinique et les salons qualifiés de beauté. S'il y a interférence électromagnétique potentielle avec d'autres équipement ou dispositifs, augmentez la distance entre eux. Notez en outre les contres-indication des clients avec des types dispositifs de conciliateur.

22. All electronic repairs and computer battery replacements should not be attempted by user, but referred back to Edge Service Department.

    Alle elektronischen Reparaturen und Computerbatteriewiedereinbaue sollten nicht vom Benutzer versucht werden, aber zurück zu Rand-Service-Abteilung verwiesen werden. Ersetzen Sie ausbrennen

    Tous les réparations et remplacements électroniques de batterie d'ordinateur ne devraient pas être essayés par l'utilisateur, mais être renvoyés au service après vente de bord.

SYSTEM SPECIFICATIONS:

1. Unit Size 13" (H) x 10" (W) x 17" (D)
2. Unit Weight: 26 lbs.
3. Electrical: 12 VDC (powered from a universal power supply – included)

3. SERVICE AND MAINTENANCE

CAUTION

User Service

To prevent electric shock, do not remove the instrument cover. There are no user serviceable parts inside. Routine maintenance or cleaning of internal parts is not necessary. Avoid the use of cleaning agents or chemicals on the instrument. Some chemicals may damage plastic parts or lettering. Any external cleaning should be done with a clean, dry or slightly damp cloth. Any replacement cables and parts should be acquired directly from Edge Systems Corporation.

Verbraucher Dienst,
Elektroschock zu verhindern, nimmt die Instrumentdecke nicht heraus. Es gibt keine vom Benutzer haltbaren Teile hinein. Routinewartung oder reinigend von inneren Teilen ist nicht notwendig. Vermeiden Sie den Gebrauch, um Agenten oder Chemikalien auf dem Instrument zu reinigen. Einige Chemikalien dürfen Kunststoffteile oder Beschriftung beschädigen. Irgendein äußerlicher Reinigen sollte mit einem sauberen gemacht werden, trocknet oder dämpft etwas Tuch. Irgendeine

Ersetzung kabelt und Teile sollten direkt von Edge Systems Corporation erlangt werden.

Pour prévenir les chocs électriques, n'enlevez pas le couvercle de l'instrument. Ce dernier ne contient aucune pièce pouvant être réparée par l'utilisateur. L'entretien ou le nettoyage périodique des pièces internes n'est pas nécessaire. Évitez l'utilisation de produits nettoyants ou chimiques sur l'instrument. Certains produits chimiques peuvent endommager les pièces de plastique ou le lettrage. Tout nettoyage externe doit être fait avec un chiffon propre, sec ou légèrement humide. Tout câble et toute pièce de rechange doivent être achetés directement auprès d'Edge Systems Corporation.

WARNING

User Modifications

Unauthorized user modifications will void warranty. Edge Systems Corporation will not be responsible for any injuries sustained due to unauthorized equipment modifications or use of parts not specified by Edge Systems Corporation. Equipment returned to Edge Systems Corporation with unsafe modifications will be returned to their original operating condition at the customer's expense.

Verbraucheränderungen

Unbefugte Verbraucheränderungen werden Garantie aufheben. Edge Systems Corporation wird verantwortlich für irgendeine Verletzungen nicht sein, die auf Grund unbefugter Geräteänderungen oder Gebrauchs der Teile gestützt werden, die nicht von Edge Systems Corporation angegeben werden. Ausrüstungen sind schieben Systemgesellschaft mit nicht sicheren Änderungen wird zurückgekehrt werden zu ihrem Original zurückgekehrt, das Bedingung an der Ausgabe des Kunden bedient.

Des modifications non autorisées effectuées par l'utilisateur annuleront la garantie. Edge Systems Corporation ne sera pas responsable de toute blessure causée à la suite de modifications non autorisées sur l'appareil ou à la suite d'une utilisation de pièces non spécifiées par Edge Systems Corporation. L'appareil qui est retourné à Edge Systems Corporation avec des modifications non sécuritaires sera ramené à son état de fonctionnement initial aux frais du client.

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III. SET-UP GUIDE

1. PACKAGE CONTENTS:

1. Unpack the unit and accessories from the packaging. Retain the original packaging in case you need to ship the unit for any reason.
2. Check for shipping damage. If you see visible damage, make a claim with the carrier immediately. (The packaging has been tested to UPS standards).
2. Verify that all appropriate items have been received. See below for details.

HydraFacial Nectre

UNIT



HANDPIECE ASSEMBLY



WASTE CONTAINER ASSEMBLY



SERUMS



CLEANING CAP



STEM EXTRACTOR



HYDROPEEL® TIPS



PUNCTURE TOOL



4. **PACKAGING AND UNPACKING INSPECTION**

Your equipment was shipped in a custom foam insulated box that has been tested to UPS standards. If the shipping carton is damaged, inspect the contents for visible damage such as dents, scratches or any other obvious signs of damage. If the equipment is damaged, notify your distributor or Edge Systems Corporation's Technical Support department at 1-562-597-0102 and they will assist in you in the repair or replacement of your equipment. Please retain all the original packaging materials. Please do not return your unit without first contacting us and receiving an RMA (Return Material Authorization) number.

2. FULL SET-UP:

(Door in open position)



3. INSTALLATION:

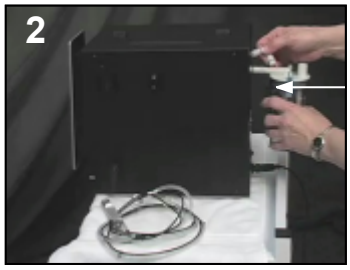
1) PLACEMENT OF THE UNIT

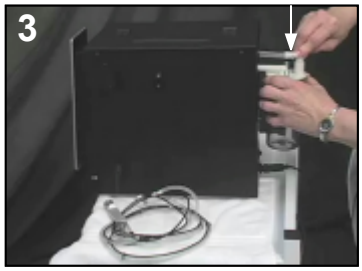
1. Place the unit on a sturdy stand or table that is 32" or less from the floor. **Note:** The unit must be located lower than the treatment bed to prevent the serums from siphoning out the handpiece.

2) ATTACH WASTE CONTAINER

1. Firmly close both clips on the waste container lid.
2. Attach the waste container by inserting the connector on the lid into the port at the back of the unit.
3. Pull the tubing connector at the back of the unit, and insert it into the port on the lid of the waste container. Make sure the waste container is attached to the unit securely.







3) INSTALL THE HYDRAFACIAL HANDPIECE

1. Connect the quick disconnect fittings on the handpiece tubing to the corresponding fittings on the front of the machine. You will hear a click when they are securely attached.
2. Place the handpiece into the tool holder on the right side of the unit.
3. Always place the handpiece in the tool holder when the handpiece is not in use.





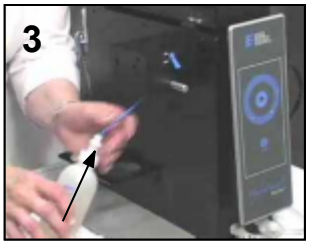


4) INSTALL SERUM BOTTLES

1. Open the door on the side of the unit from the bottom.
2. Remove the small black cap off the serum bottle and use the puncture tool to pierce the seal inside the bottle. Move the tool in a circular motion to enlarge the opening in the seal so the pickup tube slides in easily.
3. Insert the pickup tube into the unsealed bottle.
4. Press & hold the manifold button and insert the bottle into the manifold, and then release the button. Be sure the bottle is securely attached before releasing it.
5. Place additional bottles of serum in the holders behind the serum port.











Note: The toggle switch controls whether the serum is being drawn from the bottle.

To use bottled serum:

1. Flip toggle switch to the ON position
2. The solid cartridge should be in the cartridge handpiece

To use serums from the vial:

1. Flip the toggle switch to the OFF position
2. A serum cartridge must be in the cartridge handpiece.

Please refer to detailed instructions on page 13 to insert or remove the solid cartridge to or from the cartridge handpiece, or your TNS Owner's Manual or GlySal Owner's Manual.

Note: Always flip the toggle switches to the OFF position when not in use to prevent serums from siphoning out the handpiece.



OFF



ON

5) INSTALL THE SOLID CARTRIDGE

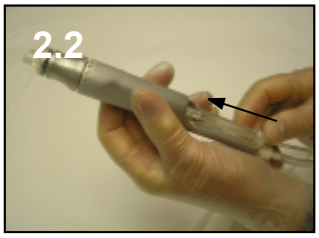
1. For ease of insertion, if the handpiece is dry, (ie. before the first treatment of the day, or when the handpiece has not been used for a while,) moisten the O-ring on the solid cartridge before inserting it into the handpiece.





2. Insert the solid cartridge into the cartridge handpiece. Push firmly until it snaps into place.



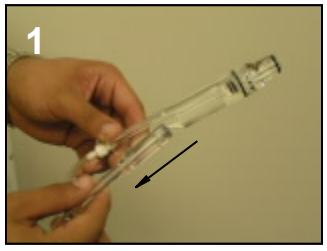


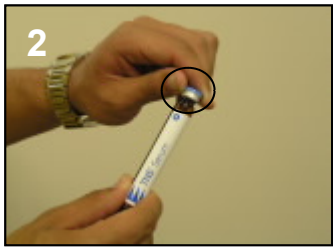
3. When the handpiece is not in use, remove the solid cartridge from the cartridge handpiece and store both the cartridge handpiece and the solid cartridge in the handpiece holder.

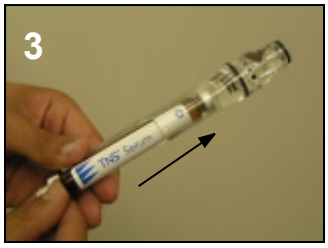
6) INSTALL SERUM VIAL

If you have purchased either TNS® Serum or GlySal™ Acid Peels, please refer to the complete instructions in your TNS Owner's Manual or GlySal Owner's Manual

1. Take the solid cartridge out of the handpiece and place it in the handpiece holder.
2. Remove the serum vial cap.
3. Insert the vial serum into the cartridge







handpiece. Push firmly until it snaps into place.

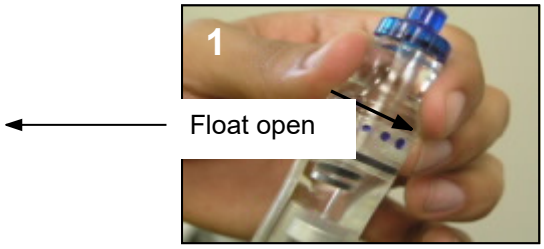
4. Put a new HydroPeel™ Clear tip on the handpiece.
5. Follow procedure instructions in the Service Protocol Manual or training DVD. When finished, remove serum vial, insert solid cartridge and clean the system, following the cleaning instructions on page 15.

7) ADJUST SERUM FLOW

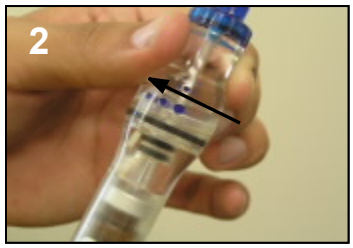
The handpiece has a built-in Dial-A-Flow™ adjustment for precision serum flow adjustment. The flow can be increased or decreased, as desired. The recommended starting point is the second to the smallest dot.

1. To **increase** serum flow, turn the Dial-A-Flow control **counterclockwise** toward the larger dots. Adjust as necessary.
2. To **decrease** serum flow, turn the Dial-A-Flow control **clockwise** toward the smaller dots. Adjust as necessary. Turning the control as far as it will go clockwise will stop all flow.

Note: If there is no vacuum or serum flow, be sure the float in the waste container is in the down position. (See page 16 for full troubleshooting instructions)



Increase flow
Counterclockwise



Decrease flow
Clockwise



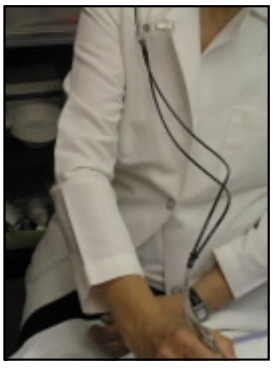
8) LAPEL CLIP (OPTIONAL)

Many operators of the HydraFacial prefer to have the handpiece tubing draped over their shoulder while performing treatments. A lapel clip is included to help keep the tubing in place over your shoulder.

1. Attach the lapel clip to the handpiece tubing.







2. Attach the clip to jacket or smock.

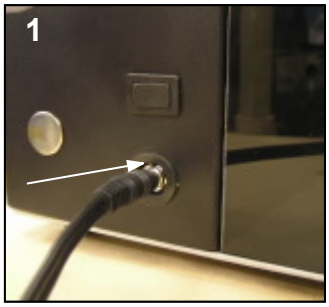
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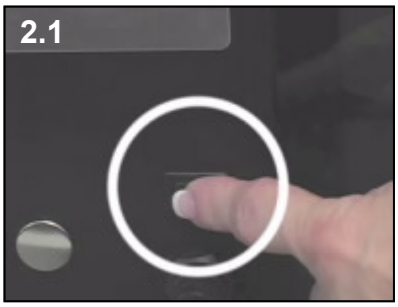
4. OPERATION

1) POWER ON/OFF

Turn The System ON:

1. Connect the power cord to the power entry module located below the main power switch on the back of the unit and then connect the plug into a grounded wall outlet.
2. Press the main power switch. The power indicator light on the front panel will be illuminated **amber** indicating **stand-by mode**.







Turn The System OFF:

1. The power should be switched off at the end of the day. Press the main power switch to shut the system off. The power indicator light will no longer be illuminated.

1) VACUUM ON/OFF AND ADJUSTMENT

To Turn The Vacuum ON And Adjust Vacuum Level:

1. Tap the power switch ⏻ to start the vacuum. The vacuum level default setting is the 4th dot (11 o'clock position). The power indicator light will change to **blue**, and the first four vacuum level indicator lights will be illuminated.
2. To increase or decrease the vacuum level, either
   - Glide your finger along the vacuum adjustment to the desired level

   -OR-

   - Tap the desired vacuum level position.
3. See your **Service Protocol Manual** for suggested settings for various skin types.



Default vacuum setting



Increase vacuum level by tapping



4. When interpreting the vacuum settings in your Service Protocol Manual, please use the following chart:

# Of Vacuum Level Indicator Lights On	Approximate Vacuum (cm Hg)
1	10
2	12
3	14
4	16
5	18
6	20
7	22
8	24
9	26

To Turn The Vacuum OFF:

1. Turn the vacuum off by pressing the power switch. The cleaning reminder will flash. Press the cleaning reminder and the vacuum will be turned off and the power indicator light will return to amber. The vacuum should be turned off when it is not in use.



Note: If the vacuum is turned off, the vacuum level will revert to the last setting when the vacuum is turned on again. When the main power switch is turned off, the vacuum level will revert to the default setting.

IV. PREVENTIVE MAINTENANCE AND SYSTEM CLEANING:

1. HYDRAFACIAL HANDPIECE AND SERUM STATIONS

1) AFTER EACH SERVICE/TREATMENT

1. Wearing gloves for the entire cleaning process is recommended.
2. If you have purchased serums that are dispensed from a cartridge (i.e. TNS or GlySal) clean the cartridge handpiece after each treatment for 10 seconds, using the procedure below.
3. After each service day run the "system cleaning process". Switching the blue toggle switch down to the OFF position. Remove the treatment serum and wipe the serum feed tube with a paper towel.

4. Install Rinseaway™ solution. **ONLY USE THE EDGE SYSTEM™ RINSEAWAY™ SOLUTION**. This solution contains a biocide to properly clean your system.
5. Switch the toggle switch up to the ON position.
6. Insert the solid cartridge into the handpiece until it snaps into place as shown on page 13.
7. Press the cleaning cap on the handpiece. Press the power switch to turn the vacuum on and then turn the vacuum to maximum.
8. **IMPORTANT: Use the cleaning cap (as shown) to occlude the handpiece, place the handpiece in the handpiece holder and let the cleaning process run 1 minute**.
9. When completed, press the power switch. The cleaning indicator light will flash. Press the cleaning indicator, and the machine will return to stand-by mode. Be sure to switch the toggle switch to OFF position.



Put the cleaning cap on the handpiece

10. Remove the waste container from the unit and empty it after each service. **Note: Do not let the waste container fill above 150 ml.** If the container becomes overfull, a built-in float will occlude the vacuum opening and serum flow through the handpiece will cease. If this happens, empty the waste container. The cone-shaped float on the lid will return to normal position allowing the resumption of serum flow. If the float does not return to normal position, use your finger to gently loosen it and return it to the normal position.

2. WASTE CONTAINER

1. Clean the waste container and lid with soap and water, then spray and wipe it with a germicidal solution to sanitize it. Reconnect the container to the unit. If you are not using the unit immediately, leave the lid off so all parts dry completely. Attach the lid before using the system. This component can be autoclaved but it is not required.

3. DOOR

1. To clean door use a plastic cleaner, available at hardware stores (example, Novus plastic clean and shine). **NEVER USE ANY TYPE OF ALCOHOL TO CLEAN DOOR**.

V. TROUBLESHOOTING:

1. NO POWER

1. Make sure power cord is properly connected to back of the unit and to a working wall outlet.

2. NO OR LOW FLUID FLOW

1. Make sure the toggle switch is in up "ON" position.
2. Make sure your serum bottle is not empty.
3. Make sure that your HydraFacial handpiece and waste container are properly connected.

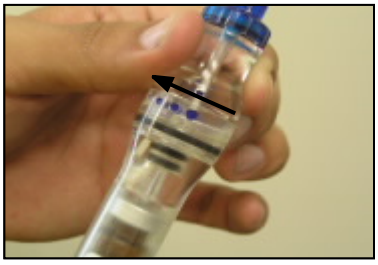


Increase flow Counterclockwise

4. Check that the float in the waste container is in the open position
5. Make sure the Dial-A-Flow control is open. If the control is turned all the way clockwise, there will be no serum flow. To increase fluid flow, turn the control counterclockwise.
6. Make sure lid is firmly seated on waste container and clamps fully snapped down.
7. Check lines for any kinks or leaks.
8. Make sure the HydroPeel plastic tip is firmly installed onto HydraFacial handpiece.
9. Check that internal serum bottle seal is completely broken and pick up assembly (metal portion) is fully submerged.
10. Make sure the serum bottle is properly installed in the serum station.
11. Check level of liquid in waste container. If the container becomes overfull, a built-in float will occlude the vacuum opening and serum flow through the handpiece will cease. If this happens, empty the waste container. The cone-shaped float on the lid will return to normal position allowing the resumption of serum flow. If the float does not return to normal position, use your finger to gently loosen it and return it to the normal position.
12. If above does not correct the problem, call **Edge Systems** at 1-800-603-4996

3. TOO MUCH FLUID FLOW

1. Check distance from the base of the unit to the floor. If it is higher than 32 inches, place the unit on a lower surface. The unit must be located lower than the treatment bed to prevent the serums from siphoning.
2. Check the Dial-A-Flow control, and turn clockwise to reduce the flow.
3. Always flip the toggle switches to the OFF position when the serum station is not in use to prevent siphoning out the handpiece.

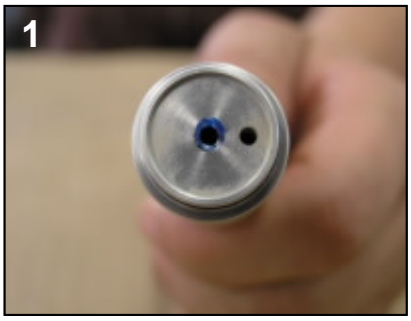


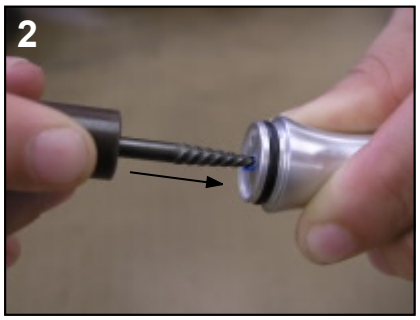
Decrease flow
Clockwise

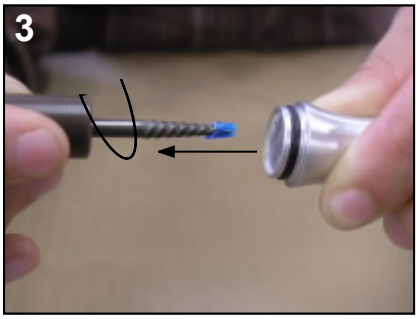
4. HYDROPEEL TIP STEM BREAKS OFF IN HANDPIECE

1. Remove tip as so stem is visible.
2. Slightly push stem extractor into stem opening, center of handpiece.
3. Turn counter-clockwise (to your left) to catch the stem then pull.

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Note: Remove the tip by twisting and pulling straight out from the handpiece

VI. LIMITED WARRANTY

Form of Product Warranty
LIMITED WARRANTY
(HYDRAFACIAL™ NECTRE® SYSTEM)

What is covered?

The warranty for the HydraFacial™ Nectre® System (the "System") covers defects in material or workmanship in the System.

Who is covered?

This limited warranty applies and extends only to the original Customer purchasing the System from Edge Systems in the country where the sale occurred. This limited warranty is non-transferable and non-assignable by the original Customer. Edge Systems shall have no obligations under this limited warranty in the event that an original Customer attempts an unauthorized assignment of the original Customer's rights under this limited warranty. Notwithstanding the foregoing, Edge Systems agrees to extend the benefits of this limited warranty to a leasing company providing financing to the original Customer for the System, provided the System is leased back to and operated by the original Customer and any such leasing company has no greater rights than the original Customer.

How Long:

The System warranty runs for a period of one (1) year from the date of delivery of the System to the original Customer. We warrant any replacement part for the balance of the original warranty period. Extended warranties are available.

What Edge Systems Will Do:

For the System, Edge Systems will, within the applicable warranty period, at Edge Systems 's sole option, repair or replace any defects in the System without any costs to the Customer for parts or labor (except as specifically stated below).

Service Loaner:

During the first year of warranty Edge Systems, to the extent available, will provide to Customer a loaner System (the "Loaner") upon Customer's request and following execution of Edge Systems' Loaner Agreement.

What is Not Covered:

THIS WARRANTY WILL NOT BECOME ACTIVE UNTIL A SIGNED COPY OF THE LICENSE TO USE NAME AGREEMENT HAS BEEN RECEIVED BY EDGE SYSTEMS. A COPY OF THAT AGREEMENT IS IN THE OWNER'S MANUAL PACKAGE.

THIS WARRANTY DOES NOT COVER ANY EQUIPMENT WHICH HAS BEEN DAMAGED BY ACCIDENT, MISUSE, ABUSE, MODIFICATION, WHICH HAS BEEN USED IN VIOLATION OF THE SYSTEM INSTRUCTIONS OR FOR ANY PURPOSE OTHER THAN ONE FOR WHICH IT WAS MANUFACTURED, OR CAUSED BY UNAUTHORIZED REPAIR OR USE OF UNAUTHORIZED PARTS, INCLUDING, WITHOUT LIMITATION, DAMAGE TO THE SYSTEM ARISING FROM USE OF SERUMS OR TIPS PURCHASED OR OTHERWISE OBTAINED FROM A NONEDGE SYSTEMS APPROVED SUPPLIER. THIS WARRANTY DOES NOT COVER FREIGHT DAMAGE; OR ANY DAMAGE CAUSED BY ACTS OF GOD OR THIRD PARTIES NOT WITHIN THE CONTROL OF EDGE SYSTEMS, SUCH AS DAMAGE CAUSED BY POWER SURGES OR LIGHTNING. THIS

WARRANTY DOES NOT COVER THE COSTS OF INSTALLATION, ADJUSTMENT OF USER CONTROLS, INITIAL TECHNICAL ADJUSTMENT (SET-UP) AND ROUTINE USER REQUIRED MAINTENANCE. THIS WARRANTY DOES NOT EXTEND TO ANY MACHINERY, APPLIANCES OR PROPERTY OF THE CUSTOMER USED IN CONJUNCTION WITH OR CONNECTED TO THE EQUIPMENT. THIS WARRANTY IS THE EXCLUSIVE REMEDY AGAINST EDGE SYSTEMS AND NO OTHER REMEDY (INCLUDING BUT NOT LIMITED TO INCIDENTAL OR CONSEQUENTIAL
DAMAGES FOR INJURY TO PERSON OR PROPERTY, LOST PROFITS, LOST SALES OR ANY OTHER INCIDENTAL OR CONSEQUENTIAL LOSS) SHALL BE AVAILABLE. THIS WARRANTY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. ANY REPRESENTATIONS OR PROMISES INCONSISTENT WITH OR IN ADDITION TO THIS LIMITED WARRANTY ARE UNAUTHORIZED AND SHALL NOT BE BINDING UPON EDGE SYSTEMS. PLEASE NOTE THAT SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS OR DO NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATIONS MAY NOT APPLY TO YOU.

How to Obtain Service:

To obtain Service under this warranty, the Customer must contact Edge Systems within the warranty period (Edge Systems can be reached by telephone (toll free) at 1-800-603-4996. The Customer is responsible for all arrangements and shipping charges (incoming and outgoing) related to the shipment of a System or parts to an Edge Systems approved and designated repair facility for inspection and diagnosis for potential coverage under this warranty.

Edge Systems Corporation
2277 Redondo Avenue
Signal Hill, CA 90755
Ph: 562-597-0102 or 800-603-4996
Fax: 562-597-0148

VII. APPENDIX

CLIENT CONSULTATION AND RELEASE FORM

Please read carefully, complete, sign and date this form prior to your treatment.

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

☐ HYDRAFACIAL ☐ MICRODERMABRASION ☐ BLUE LED LIGHT THERAPY ☐ ULTRAMAX

☐ TELANGITRON ☐ RED LED LIGHT THERAPY ☐ LYMPHATIC/MASSAGE THERAPY

SECTION 1: MEDICAL INFORMATION

Do any of the following conditions relate to you?

YES	NO	
☐	☐	Accutane or other similar medication
☐	☐	Allergies
☐	☐	Autoimmune disease, HIV, lupus, hepatitis
☐	☐	Blood thinners – Heparin, Coumadin, Warfarin, etc.
☐	☐	Breast feeding, pregnancy
☐	☐	Cancer or post-cancer treatments
☐	☐	Cardiovascular problems
☐	☐	Cold sores or fever blisters without pre-medication
☐	☐	Cortisone or steroid injections
☐	☐	Cosmetic injections, fillers or implants, (i.e. Botox®, collagen)
☐	☐	Eczema, psoriasis
☐	☐	Enlarged or painful glands
☐	☐	Epilepsy
☐	☐	Facial waxing services w/in 7-14 days
☐	☐	Heart ailment
☐	☐	Hypertension/high blood pressure
☐	☐	Inflammatory conditions
☐	☐	Irregular, pigmented moles, warts or growths, unidentified facial growth or mark
☐	☐	Keloids, pigmented scars, icepick scars, new scar tissue
☐	☐	Laser procedures, chemical peels, dermabrasion, microdermabrasion
☐	☐	Light sensitive medication
☐	☐	Loose, thin, aged skin
☐	☐	Lymphatic disorder, inflammation of lymph vessels, lymphedema
☐	☐	Medication:
☐	☐	Pacemaker or metal implants
☐	☐	Phlebitis, varicose veins
☐	☐	Recent accident or serious injury
☐	☐	Recent surgical or dental procedure
☐	☐	Rosacea, telangiectasia/couperose
☐	☐	Retin-A, Retinol
☐	☐	Skin abrasions or lesions
☐	☐	Stage III or IV acne
☐	☐	Skin-lightening or bleaching agent
☐	☐	Sunburn
☐	☐	Swollen or infected tonsils

(Continued on next page)

☐	☐	Thyroid conditions
☐	☐	Type I diabetic
☐	☐	Under medical care for an existing or suspected condition or disease
☐	☐	Viral infection, influenza
☐	☐	Other contraindication at discretion of skincare technician or medical practitioner:

- My interest in skincare treatment is primarily for (i.e. skin rejuvenation, acne, hyper-pigmentation, scarring, etc.) _____

_____

- Specify your areas of concern (i.e. eyes, forehead, etc.) _____

_____

SECTION 2: CLIENT CONSENT FORM

(Initial each acknowledgement line below)

1. I acknowledge that I have not used Accutane or any medication for the same purpose during the last 12 months. _____*(initial here)*
2. I acknowledge that if I have ever had a cold sore or fever blisters, I should consult with my physician or pharmacist for a pre-use medication to help avoid a possible breakout. That medication should be used each day for two days before, same day, and two days after any aggressive facial exfoliation treatment. _____*(initial here)*
3. I acknowledge that there is no guarantee that dark discoloration of skin will be reduced or fade. Pigmentation may improve or darken with successive treatments. I acknowledge the need for proper skin care home regimen. _____*(initial here)*
4. I acknowledge that my skin might experience temporary irritation, tightness, redness or slight swelling which usually dissipates within 72 hours depending on skin sensitivity. _____*(initial here)*
5. I acknowledge that if I fail to use a minimal sunscreen (SPF 15), I am more susceptible to sunburn, skin damage & hyperpigmentation. _____*(initial here)*
6. I acknowledge that this treatment is strictly an elective cosmetic procedure and that no medical claims have been expressed or implied. _____*(initial here)*
7. I acknowledge that I should avoid use of aggressive exfoliating products for 2-4 weeks following the treatment. _____*(initial here)*
8. I acknowledge that I should avoid use of Retin-A type products for a period of time recommended by my ☐ **medical** or ☐ **skincare** professional during and following the treatment. _____*(initial here)*
9. I acknowledge that I am not pregnant/lactating. _____*(initial here)*
10. I hereby agree to have the treatment performed and agree to follow all pre and post treatment instructions. _____*(initial here)*
11. I acknowledge that I have answered all questions truthfully and completely. _____*(initial here)*
12. I release the instructors, management and staff of Edge Systems Corporation and _____, from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures or products. _____*(initial here)*

Client Signature: _____ Date: _____

Skincare Practitioner Signature: _____ Date: _____