

Physicians may use treatment regimens, medications, and devices "off-label" for other purposes if they are well-informed about the product, base its use on firm scientific method and sound medical evidence, and maintain records of its use and effects.

Aging skin is defined as "Skin aging is a superimposition of benign skin phenotypes indicative of histological and morphological changes which are both continuous and inevitable, caused by both intrinsic and extrinsic factors, wherein genetic and chronological influences constitute the former, and environmental influences constitute the latter. "

The goal of aging skin treatment is to achieve a healthy, smooth, blemish-free, translucent and resilient skin. The purpose of the Vaso Mask is not invasive; the heat from the mask will focus on increased blood flow enabled by vasodilation resulting in the transport of more nutrients and oxygen to the cells, with quicker removal of metabolic waste. The Vaso Mask made by Digital Heat Corporation is to provide a calibrated, safe, steady heat source to the skin. Alternative heat sources include, but are not limited to LED Masks, electric heat pads, hot water on a wash cloth, microwavable rice, clay and gel packs.

Known complications of excessive heat to the skin include irritation, burning and inflammation.

I understand that heat is going to be used as a method of treating aging skin. I wish to participate in the Vaso Mask Study using a Vaso Mask made by Digital Heat Corporation as a heat source on my skin and I am willing to accept the potential risks that Digital Heat has discussed with me. I acknowledge that there may be other, unknown risks and that the long-term effects and risks of the treatment are not known.

Patients Statement of Understanding

I, _____, have read and understand the contents of this consent. I have been given the opportunity to ask any questions about the Vaso Mask and this test. All of my questions have been answered to my satisfaction. I understand that there may be risks that may be additional and that are unknown at this time. I understand that there are no guarantees. I request and authorize John Devine, Digital Heat Corporation, to perform the usage of the Vaso Mask on my skin.

Consent to Photography, Infrared Imaging, and the Usage of

I, _____, authorize John Devine, and Digital Heat Corporation to photograph my face, body, with a camera and infrared device, before, during, and after usage of the Vaso Mask. I understand these photographs will have uses, including documentation of the experience, measuring temperature, and providing images for the internet at the Digital Heat website.

I, _____, agree to keep this Vaso mask study confidential, as I realize publicity at an early stage of this product could have catastrophic commercial implications.

Printed Name: _____ Witness Name: _____

Signature: _____ Signature: _____

Date: _____