



AGREEMENT AND GUARANTEE – Terms and Conditions

IHRB's 'hair re-growth treatment program' is a combination of 'Specially prescribed medical and pharmaceutical treatments, herbal preparations, organic products and natural extracts', developed over many years and dispensed under medical prescription. It will mainly involve treatment in the privacy and comfort of your own home.

We Will

- Conduct a detailed assessment and/or examination of the current condition of your hair and scalp during your initial visit.
- Refer you to yours or any other registered medical practitioner to initially examine and confirm your suitability to undertake the treatment program and complete the prescription order for the required pharmaceutical formula preparations. We will then order and supply the formulations prepared for you.
- Prepare reports, diagrams, and photographically record the hair coverage of your scalp prior to the commencement of your treatment program.
- Supply an initial batch of the hygiene products and herbal tablets to cleanse and prepare the scalp for treatment. (replacements at your own cost)
- Provide the full hair regrowth treatment program for you when paid in full.

You Must

- Closely follow and strictly adhere to all instructions given to you by the Company and by the Medical Practitioner, relating to your hair regrowth treatment program regime. Which incorporates the diligent use at your home of our hair hygiene products (Derma Clean, Shampoo and/or Conditioner) plus the prescribed topical pharmaceutical solution and the herbal product 'Saw Palmetto Complex' and any other products, which may be recommended by a Doctor or your consultant.
- After agreeing to proceed with your 'Hair re-growth treatment program'. You must pay in full as agreed.
- Truthfully and fully inform both the company (IHRB) and the doctor of any pre-existing medical or physical condition which may affect the satisfactory result of your treatment.
- Carefully read or have re-explained to you the conditions upon which the realgrowth treatment program is provided to you. We want you to fully understand the methodology of the program and what input is required by you.

1. Exclusions

- The hair regrowth treatment program incorporates pharmaceutical preparations, which, where necessary must be prescribed, and therefore treatment is conditional upon a medical practitioner's approval of the treatment pharmaceuticals for your specific usage. If a medical condition precludes you from undertaking treatment' we will transfer you to another **non-medical program**. **REMEMBER that, after the conclusion of the recommended period of your treatment program, you will require an ongoing maintenance usage of the hygiene products and pharmaceutical compound to maintain normal hair growth.** It is normally impossible to reactivate hair growth from dead follicles and from follicles which have been dormant for more than 3 to 4 years. Please note that in some cases the commencement of regular hygiene usage and the application of the prescribed treatment can cause **scalp irritation, scalp flaking or peeling, burning sensation and very rarely some excess hair growth on face, arms and body**. If these symptoms occur please discontinue treatment and contact us promptly.

2. Variations

- The paragraph headings do not comprise a part of the terms and conditions of providing the treatment program. They merely illustrate the descriptive text they contain.

3. Continuing Service

- On completion of your treatment program you will be entitled to receive free ongoing hair and scalp examinations, consultations, advice and assistance every 3 months for 25 years. We do however recommend that you continue to purchase and regularly use our hygiene products and also continue the application of the prescribed topical solution as a maintenance program.

4. Program Delivery

- REMEMBER we guarantee to provide and satisfactorily complete our side of the treatment program within an agreed time frame. Your failure to diligently follow or complete the program within that same agreed time period will probably result in a further deterioration of your condition, which will nullify our promise of satisfaction. You must give us the opportunity of reviewing or amending the program. If you do not follow the program recommendations fully and diligently within the stated time period it will not succeed and we will deny any liability for recompense of further treatment.

5. More Hair or Your Money Back

- We are sincerely interested in your satisfaction.
- We say honestly "If you have diligently followed the hair regrowth treatment program, using the hair hygiene and supplementary products as recommended and faithfully applied the prescribed pharmaceutical solution, following each and every part of the program explained herein, but you have experienced no improvement in hair re-growth after 12 months (other than as a result of pre-existing medical or physical condition, which we did know of) we both agree that you will receive a refund of: \$ 2700

What constitutes improvement? Normal hair regrowth equals improvement.

How will we tell? The photographic records before, (where possible) during and post treatment will amply illustrate the result. I have read and understand the terms and conditions set out above and agree to start the treatment program.

Suggested: Application of your 'Topical Solution' :- 3
 3.00 mls per day – Maybe upto..... 3 years
 1.50 mls per day - Maybe upto..... 1 years
 1.50 mls per day, 5 days a week – Forever or..... years

IHRB

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Your hair re-growth treatment program consists of the following, as marked by your consultant. Full instructions will be provided. Use the program faithfully for best results.

Products:- Hygiene preparations: Dermaclean ~~2~~ 3
 Shampoo ~~8~~ 10
 Conditioner x
 Herbs: Saw Palmetto Complex 2
 Pharmaceutical: Proscar tablets (By prescription) x
 Loniten tablets (By prescription) 1 ?
 Prescribed Topical Hair Re-growth Formulae:
 3% ~~5%~~ 7.5%/10%/12.5%/15% h

The above program as marked constitutes your 'Hair Re-growth Program'. The only additional charges during the time period will be for replacements of your 'hygiene preparations', herbal and prescription tablets. In addition, any new technology that comes readily available which we believe will enhance your results we will make you aware of it. It will be your prerogative to purchase these products.

Please remember, we do not take back any hygiene preparations, tablets or treatment vials once they leave our premises.

This payment agreement becomes a valid legal contract after both the client and the company's representative have signed this section. I, the undersigned acknowledge my agreement to undertake and pay for the recommended re-growth treatment program by IHRB. I confirm that in most cases, the pharmaceutical preparations must be prescribed by a doctor as required for my treatment to be ordered on my behalf. I have been given and read a copy of the 'Guarantee and Agreement' and understand its terms and conditions.

Time period \$ 12 Months: Cost \$ 4900 Deposit paid \$ ~~3500~~ 2700
 Balance payable \$ NU @

Clients name: ~~Dr/Mr/Mrs/Miss/Ms~~

Clients signature Date: 11 / 09 / 2007 08

Witness (Name) Signature

Consultants name Signature

Photos NOT for release to anyone