



Magicsoft Asia Systems



Magicsoft Asia Systems offers small and midsize clinics a complete solution to address the needs of capturing a proper signature image and/or where paper receipts for one party are required due to legal or other regulations.

Using signature tablet like STU-300/STU-500, signatures can be captured with very high precision.

The STU-300/STU-500 enables users to capture handwritten signatures without having to print hardcopies and it comes with anti-glare tempered glass making it extremely durable and scratch resistant.

STU-300/STU-500



• Individual

Capture quality and high precision electronic signatures

• High-Performance

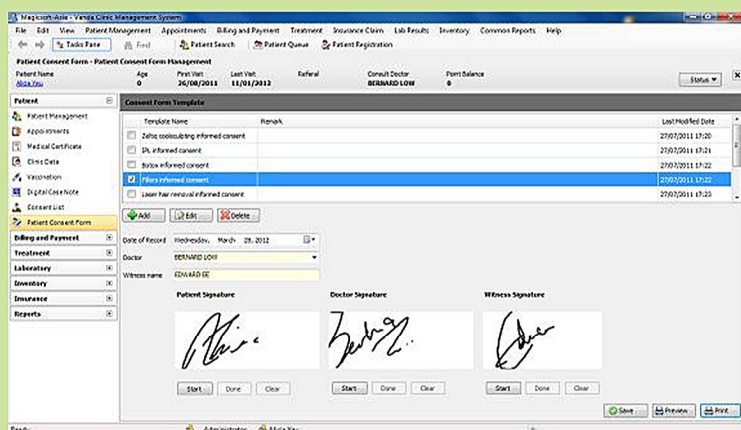
Enables fast transactions and workflow without paper

• Mobile

Compact, durable and robust for mobile use

• Integration

Magicsoft Asia Systems integrates the STU-300/STU-500 to allow our clinical management systems capture signatures and display them automatically.



	STU-300 Signature tablet	STU-500 Signature tablet
LCD type	F-STN Monochrome / Reflective	Monochrome Reflective TFT LCD
Max. resolution	396 x 100 pixels	640 x 480 pixels
LCD size	102 x 27mm	102 x 76mm
Tablet reading method	Electromagnetic Resonance	Electromagnetic Resonance
Pen pressure levels	512 levels	512 levels
Surface treatment	Paper-feel, Anti-Glare, Tampered Glass	Paper-feel, Anti-Glare, Tampered Glass
Battery free and cordless pen	Yes	Yes
Tablet dimension	156 x 127.4 x 16.9 mm	160 x 182.5 x 24.6 mm

• Documentation

The captured signature is converted to an image file and generated along any documentation, form or report associated with.

THE SAINTE CHAPELLE CLINIC

Informed consent - Filler injection

Indications

This is an informed consent document which has been prepared to help your doctor inform you about Dental Filler injection and its risks.

General information

It is a substance which is injected into the skin to fill in wrinkles and creases, temporarily restoring the youthful and plumped up appearance. Treatments can last anywhere from 4-8 months up to 1 year depending on the type of filler used.

Risks

Swelling, redness, pain and skin redness at the injection site can occur. They are usually mild and typically last a few days but can extend to few months. In rare cases, bruising can be permanent. Deeper structures such as nerves, blood vessels, and the eyelid may be damaged during the course of injection.

Allergic reaction As with all biologic products, allergic and systemic anaphylactic reactions may occur. Infection - Post treatment bacterial, viral and/or fungal infections can occur which in most cases are easily treatable but in some cases permanent scarring in the area can occur.

Unsatisfactory Result - Perfect correction is not guaranteed.

Separate charge for each syringe used!

Filler informed consent form

I, Alicia Yee 52234579 hereby authorize Dr BERNARD LOW and such assistants as may be selected to perform the following procedure:

Filler injection.

I have read the informed consent document.

I recognize that during the course of the procedure and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designers to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.

I understand that the doctor's fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further examination will be required.

I realize that not having the procedure is an option.

IT HAS BEEN EXPLAINED TO ME IN A MANNER THAT I UNDERSTAND:

- THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERSTAND
- THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE PROCEDURE AND THE ABOVE LISTED/TERMS 1-7.

Patient: Alicia Yee 52234579

Dr BERNARD LOW

Witness: EDWARD SEE 28/01/2012

www.medicare-asia.com

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