

REVIVA

AESTHETICS

Client: Milo Steimle (6257)

Nov 21, 2025

1. Please note: fields with a red asterisk are mandatory.

Legal First Name: <u>Milo</u>	Legal Last Name: <u>Steimle</u>	Date of Birth: <u>10/15/1996 (age 29)</u>	
Minor's Guardian Full Name, If Applicable: <u></u>	Gender: <u>Male</u>	Street Address of Residence: <u>1600 Barton Springs Rd</u>	Apt./Unit #: <u>Unit 4204</u>
City of Residence: <u>Austin</u>	State of Residence: <u>TX</u>	Zip Code: <u>78703</u>	Mobile Phone: <u>(360) 643-1382</u>
Email: <u>milorsteimle@gmail.com</u>			

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

Appointment made?
Appointment is pending this GFE approval

3. 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. Reviva Aesthetics advises on treatment options within their clinic, scope of practice and protocols according to their medical director's guidelines.

☒ Stem Cell Hair Restoration

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

Have had selected treatment(s) before? <u>No</u>	Result of previous treatment(s)? <u>Not applicable</u>
Goal of requested treatment(s)? Select ALL that apply. <input checked="" type="checkbox"/> <u>Other</u>	If needed, please explain further below: <u>Hair Growth</u>

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

No

6. List ALL medications below including homeopathic supplements and vitamins. If none apply, please write in "none".

	Name of Medication and Dose:	Start Date:
1	Nutrafol	10/21/2025
2	Sigma by Gorilla Mind (testosterone support)	10/21/2025

7. List ALL surgeries and hospitalizations below. This includes ALL implantation of objects placed in the body that one is not born with ie devices, stents, piercings. If none apply, please write in "none".

	Type of Surgery/Hospitalization/Implant and Location:	Date and Year of Surgery/Hospitalization/Implant:
1	Traumatic Brain Injury	2012
2	Wisdom Tooth Extraction	10/8/2025

8. List ALL allergies below and/or dietary restrictions. If none apply, please write in "none".

	Type of Allergy:	Reaction:
1	None	None

9. Vitals & Measurements

Height (ft/in or cm)
6'0

Weight (lbs or kg)
192

Have you noticed any recent changes in your weight?
Yes

Do you have personal wellness or body goals you'd like us to know about?
Currently in a calorie deficit

If "other", please specify

10. Health History - Circulatory and Respiratory System (Please select all that apply):

☒ None of these

11. Health History - Nervous System (Please select all that apply):

☒ Head Injury
TBI in 2014
If "other", please specify

12. Health History - Digestive System (Please select all that apply):

☒ None of these

If "other", please specify

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

☒ **Athlete's Foot**

In the past I've had athlete's foot

If "other", please specify

☒ **Dermatitis**

Dermatitis of scalp

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

☒ **None of these**

If "other", please specify

15. Health History - Cancer

Have you ever been diagnosed with cancer?

No

Has any immediate family member (parents, siblings, children) been diagnosed with cancer?

No

If "other", please specify

If yes, please specify type, date of diagnosis, and current status (active, in remission, or treated) N/A for No.

N/A

If yes, Please specify relation, type of cancer, and age at diagnosis. N/A for No.

N/A

16. Health History - Mental Health & Emotional Well-Being

Do you have a history of depression, anxiety, or other mental health conditions?

No

Have you ever been hospitalized for a mental health condition?

No

If "other", please specify

If yes, are you currently receiving treatment (medication, counseling, or therapy)? N/A for none.

N/A

If yes, please specify when and which hospital. N/A for none.

N/A

17. Health History - Sexual Health & Hormones

Do you experience sexual dysfunction (low libido, erectile difficulties, vaginal dryness, or other concerns)?

No

Have you noticed changes in your energy, mood, or sleep patterns that you think may be hormone-related?

No

If yes, please specify. N/A for none.

N/A

Have you ever had a hormone evaluation (testosterone, estrogen, thyroid, cortisol, etc.)?

Yes

Would you like to have a hormonal evaluation via lab work?

No

If "other", please specify

18. Please answer the lifestyle questions below:

Average stress level:

High

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

Occasionally (a few times a month)

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

Around 4-8 glasses

Do you have any tattoos located in or near the treatment area?

No

Smoke, vape, or chew tobacco?

Occasionally (a few times a month)

Recreational drugs?

None

Currently following any specific diet plan? If so, please specify which one(s): ☒ **None of these**

If YES on tattoos, please indicate the location. Put N/A if none.

N/A

19. 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 Reviva 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 Reviva Aesthetics's medical director allows for off label treatment(s). For any off label administration and dosage, Reviva Aesthetics must follow policies and procedures as approved by your clinics medical director. If Reviva Aesthetics's 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(s) client is approved and/or denied to receive at Reviva Aesthetics's (select ALL that apply to visit):

☒ **Exosome Facials** ☒ **Exosome IV Therapy** ☒ **Regenerative Stem Cell Therapy**
☒ **Stem Cell Hair Restoration**

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

NA

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":

NA

Term(s) of approved treatment(s) (select ALL that apply):

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

NA

e-signature

Nov 21, 2025

Good Faith Exam completed by the following MedScape GFE Practitioner:

Danielle Trenelli, FNP-BC

Signed by Danielle Trenelli on Nov 21, 2025 at 07:29 PM from IP 71.127.239.***