## Informed Consent Form for OxyGeneo Treatments (Combined with Medical History Form)

## Personal Information:

Name:	C	Date of Birth:	
Address:	C	Occupation:	
el./Cell:		-mail Address	
Time and days you would find mos	t convenient for	treatment:	
Health Questionnaire:			
Existing or recent illness:	Details:		
Hospitalization / surgery:	Details:		
Medication:	Details:		
Medicine intolerance:	Details:		
Aesthetic procedures in the treatment area:	Details:		
Allergies (including to cosmetic products)	Details:		
Do any of the following conditions apply to you? (Please indicate if any)			
□ Under 18 years of age.			
□ Pregnancy or nursing.			
☐ Current or history of cancer, especially skin cancer, or pre-malignant moles.			
Any active condition in the treatment area such as sores, hemorrhages or risk of hemorrhages, septic conditions, psoriasis, eczema and rash as well as irritated or damaged skin due to excessive fresh tanning.			
	□ Vascular disorders such as: un-controlled diabetes, nervous diseases, cardiac disorder and cancer. In such cases, consult the treating physician.		
	Any aesthetic procedure done recently within applied area or recent use of products such as Accutane or Retin A, consult the treating physician using Geneo.		

I, the undersig	ned pledge to inform of all ch	nanges in my physical condition.		
•	ergo the treatment, as detaile e results, the chances and th	ed below in this document. I was explained and I e course of the treatment.		
I confirm that I	do not suffer from any of the	e above described conditions.		
		following information, ask questions and have had (Practitioner).		
Geneo treatm	ent:			
	e being treated with the <b>Gen</b> ents. The platform works with	eo platform for anti-aging and/or skin brightening OxyGeneo Technology.		
•	□ Special gel will be applied on your face and the treatment will be performed using an applicator with a special capsule attached to it.			
	<ul> <li>During the treatment the reaction between the capsule and the gel will cause the infusion of the active ingredients.</li> </ul>			
□ The tre	eatment is none invasive, plea	asant and does not require down time.		
I understand that taking the treatment course is my choice and that I am free to withdraw at any time, without giving any reason.				
redness (eryth blister, and bu	ema), excessive swelling (edrn), excessive tingling sensa	f the treatment including: local pain, excessive skin dema), damage to the natural skin texture (crust, tion, fragile skin and bruising. Although these effects adverse reaction should be reported immediately.		
I confirm that I my own free w		he above information and take the treatment out of		
Customer's Na	nme Signature	Date		
Practitioner's 1	Name:	Signature:		