

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

### Personal Information:

Name:	Date of Birth:
Address:	Occupation:
Tel./Cell:	E-mail Address
Time and days you would find most 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.

