



OxyGeneo™ Treatment Consent Form

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.

Geneo treatment:

- You are being treated with the **Geneo** platform for anti-aging and/or skin brightening treatments. The platform works with **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.
- During the treatment the reaction between the capsule and the gel will cause the infusion of the active ingredients.
- The treatment is none invasive, pleasant 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. I was told about the possible side effects of the treatment including: local pain, excessive skin redness (erythema), excessive swelling (edema), damage to the natural skin texture (crust, blister, and burn), excessive tingling sensation, fragile skin and bruising. Although these effects are rare and expected to be temporary, any adverse reaction should be reported immediately.

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand that my identity will be protected. If I do not wish to have my photograph taken, Vein and Body Specialists will not be able to track my progress.

I have read the above information and understand it. The treatment as well as potential benefits, risks, and alternatives have been explained to me by the Esthetician and I have had all my related questions satisfactorily answered by the Esthetician. I hereby freely consent to the treatment and accept the risks and possible complication of such treatment.

Client Name (printed): _____ **Date/Time:** _____

Client Name (signature): _____

Esthetician: _____ **Date/Time:** _____