

OxyGeneo Consent Form

This form, together, with the general information is designed to provide you with information for making an informed decision regarding your treatment with the Geneo platform. If you have any questions, please do not hesitate to ask a member of our staff.

- Prior to receiving this treatment, I have been candid in revealing any condition that may have a bearing on this procedure, such as:
 - Pregnancy
 - History of Skin Cancer or pre-malignant moles
 - Excessive fresh skin tan (within the last few days)
 - Any active conditions in the treatment area, such as: sores, eczema, rash, fragile skin, swollen, burnt or injured skin, active acne, rosacea, dermatitis, psoriasis, or active herpes simplex.
 - Vascular disorders such as: telangiectasia, varicose veins, thrombosis, phlebitis in the applied area.
 - Severe concurrent disease such as: un-controlled diabetes, nervous diseases, cardiac disorder and cancer
 - Any aesthetic, ablative, surgical, invasive procedure performed recently on the applied area such as plastic or cosmetic surgery, skin resurfacing, deep chemical peels, deep dermabrasion, injection chemical or bio-material substances or fillers, and Botox.
 - Recent use of products such as Acutane or Retin-A
 - Know allergies to cosmetics or other products, or experienced severe allergic reactions like hives.
- I understand there may be some degree of minor discomfort, i.e., scratchiness, itchiness.
- I understand there are no guarantees to this procedure.
- I understand that to achieve maximum results, I will need several ongoing treatments and will need to use a daily product over a period of time.
- I understand that the possibility of irritation and redness exists and that I should notify my skin care professional when irritation persists.
- I will follow the home care program specifically designed for me without changing or adding any products without consulting with my skin care professional.

I have read and understand the above information. I agree to all of the above and agree to have this treatment performed on me.

My questions have been answered by the staff to my complete satisfaction. I accept the risks and complications of this procedure.

Print Name: _____ Date: _____

Signature: _____