



8201 Newman Ave #101 • Huntington Beach, CA 92647 • (855) MED- 1SPA

INFORMED CONSENT FOR GENE0+

The OxyGeneo treatment is designed to exfoliate the outer layer of the skin and infuse the essential revitalizing nutrients, NeoRevive and NeoBright. The combination of removing the epidermal layer, oxygenation of the skin generated from within and increasing the blood circulation improves overall skin health, appearance of smoothness, and more even skin tone. Aluminum Oxide is a chemically inert inorganic compound. (Please indicate any allergies to product).

_____please initial

The goal of OxyGeneo, as in any cosmetic procedure, is aesthetic improvement, not perfection. I understand that my results may not be perfect. In the case of OxyGeneo, the number of treatments necessary will vary among individuals and the areas being treated.

_____please initial

Indications for the use of Geneo include the treatment of lightening of brown spots, improvement of pebbled appearance, fine facial lines and wrinkles and for epidermal peeling of the face, neck and other parts of the body including stretch marks.

_____please initial

I understand the following conditions are not treatable with this procedure and I am not requesting treatment for them.

- Active acne or any other evolving skin abnormality
- Tattoo, wart or mole removal
- Any suspicious condition which has yet to be determined as non-cancerous.

_____please initial

I certify that I have complied with the following requirements:

- I have not used any chemical peeling agents except as specified by this clinic in the last 60 days.
- I have not used Accutane or any other dermatological drugs in the last 60 days.
- I do not have herpes simplex (fever blisters) at this time and will take proper precautions (Valtrex).
- I am not currently taking antibiotics.

I understand that the following side effects or complications may happen to me:

- Discomfort
- Redness and swelling for a period of 2 hours to 3 days.
- Itching or irritation
- Skin peeling or flaking up to 7 days after the procedure instructions, it may cause scarring.

I do not have any know allergies to Latex (rubber gloves) or adhesives (eye protection).

_____please initial

The treatment fees have been discussed and I understand them.

_____please initial

I understand the goals of the OxyGeneo treatment as well as the limitations and possible complications.

_____please initial

I understand from one individual to another there is a possibility for overall dissatisfaction.

_____please initial

I have been provided appropriate information and all my questions have been answered concerning this procedure. I clearly understand the above information.

_____please initial

This series includes treatments up to one (1) year of date of purchase. Any services after one year will be subject to new series charges.

_____please initial

I understand this procedure is non refundable under any circumstance.

_____please initial

I understand and accept that pre-payments are NOT eligible for refunds. All Care Credit/Alphaeon Credit transactions and credits will be handled in accordance with Care Credit/Alphaeon terms and conditions.

_____please initial

I have read and understand this agreement and all my questions have been addressed and answered to my satisfactions. I consent to the terms of this agreement.

Patient's Signature

Date

Patient's Printed Name