

geneo CONSENT FORM

Last date of the above cosmetic procedures: _____ / _____ / _____

Severe concurrent disease such as uncontrolled diabetes, nervous diseases, or cardiac disorder? Yes No

Active eczema rash, fragile skin, swollen, rosacea, dermatitis, psoriasis, herpes simplex, or burnt skin? Yes No

List all skin care products or over the counter medications:

Please review the following:

- ❖ I understand there may be some degree of minor discomfort, i.e., scratches or 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 will have this treatment performed on me and will follow all prescribed directions above.
- ❖ I have read the pre and post instruction sheet and I agree to all the above.
- ❖ I agree to have my before and after photo(s) released to my provider and Geneo?
 Yes No

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

Print Name: _____

Date of Birth: _____

Signature: _____

Witness Initials: _____

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CONSENT FORM

Client's Name: _____

Date of Birth: _____

Clinician's Name: _____

Date of Service: _____

This form is designed to provide you with information on making an informed decision regarding your treatment using the GENEEO system. If you have any questions, please do not hesitate to ask a member of our staff. Please check Yes or No boxes. Color coded contra-indication list below (print in color).

OxyGeneo	Ultrasound	All Handpieces
Pregnant or nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Under the age of 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Metal implants in treatment area (not including dental implants or fillings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pacemaker, internal defibrillator, implanted Neurostimulators or any other internal electric system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of skin disorders, keloid scarring, abnormal wound healing, or very dry skin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impaired immune system due to Immunosuppressive disease such as AIDS or HIV, or use of immunosuppressive medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fresh tan within the last 3 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coagulopathies, vascular or bleeding disorders, telangiectasia, varicose veins, thrombosis, phlebitis in the treatment area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current history of skin cancer, neoplastic tissue, pre-malignant moles, cyst, abscesses or other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Known allergies to cosmetics, products, or experience allergic reactions like hives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using Accutane or retinol products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last use of the above products:	____ / ____ / ____	
Any aesthetics, ablative, surgical, invasive procedure (plastic/cosmetic surgery), skin resurfacing, chemical peel, dermabrasion, any fillers or botox?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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PRE & POST INSTRUCTION SHEET

Client's Name: _____ Date of Service: _____

Date Pre and Post Instructions Provided: _____

PRE-GENEO INSTRUCTIONS

APPLICATION LIST

TIME

Stop using any skincare products such as retinol, glycolic, etc.

3 days before treatment

No tanning

4 days before treatment

Continue using gentle cleanser or mild soap

Until the day of treatment

No Botox, fillers or cosmetic procedures

3 weeks before treatment

No perfumed/fragranced lotions and perfumes

2 days before treatment

POST-GENEO INSTRUCTIONS

APPLICATION LIST

TIME

Use gentle cleanser or mild soap

1 day after treatment

Do not use makeup applicators

Day of treatment

Use SPF

3 days after treatment

Resume regular skin care regimen

2 days after treatment

Non invasive cosmetic procedures

Until skin is completely healed

No perfumed/fragranced lotions and perfumes

1 day after treatment

I agree to communicate with my clinician about any changes, pre or post my Geneo application. By signing the below, I agree to follow all instructions to ensure the best outcome. I accept the risks & complications of the procedures and acknowledge pre & post instructions were provided to me.

Print Name: _____

Date of Birth: _____

Signature: _____

Witness Initials: _____

