



GeneO+ Consent Form

This form, together, with the general information sheet, is designed to provide 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, injected chemical or bio-material substances or fillers, and Botox
- Recent use of products such as Accutane or RetinA
- Known 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 the enclosed consultation and understand the contents.

I agree to all of the above to have this treatment performed on me and will follow all prescribed directions regarding post peel care.

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

The medical director will review all treatments planned for clients. The safety of all procedures are outlined in the protocols manual on site. The well-planned protocols establish safety and allow delegation to the MA to perform.

This consent form is valid until all or part is revoked by me in writing. I understand that this consent is valid for all future Geneo treatments as well.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____