



Client Consent Form

Name	
Last name	
DOB	
Phone Number	
Address	

The client has been informed about the plasma skin tightening technique (plasma therapy) by the technician. The nature of the procedure, it's purpose, it's benefits, duration, expected results, possible risks, pain level and other temporary or permanent consequences have been explained to the client in detail.

Technician is obligated and agrees to perform the treatment in strict compliance with all hygiene and health protection measures.

In order to perform the treatment in a safe manner, please answer the following health related questions truthfully.

This information is confidential and will not be shared with any third parties.

1. Do you have diabetes (type 1 or 2)?	Yes	No
2. Do you have any type of hepatitis (A, B, C, D, E, F)?	Yes	No
3. Do you suffer from any skin condition (rosacea, impetigo, erysipelas, lupus, scleroderma or any other disease)?	Yes	No
4. Do you have a history of skin sensitivity (eczema or atopic dermatitis)?	Yes	No
5. Do you have allergy to medications, food, metals, makeup, or any other compound?	Yes	No
6. Do you have any heart related problems?	Yes	No
7. Are you pregnant?	Yes	No
8. Are you breastfeeding?	Yes	No
9. Are you wearing a pacemaker?	Yes	No
10. Do you have any problems healing from wounds?	Yes	No

11. Do you tend to develop keloid or hypertrophic scars?	Yes	No
12. Have you consumed alcohol or drugs in the past 24 hours?	Yes	No
13. Have you had a Botox injection within 1 month?	Yes	No
14. Have you ever had PMU or any cosmetic treatment?	Yes	No
15. Do you routinely use Retinol-A, glycol or other exfoliating products?	Yes	No

If you answered "Yes" to any of the questions above, use the space below to provide an explanation. Correlate your explanation to a specific question number. A "Yes" answer does not indicate you're not an acceptable candidate for the treatment. It may simply be information that is valuable for the technician as each person's body is unique or it may indicate that based on any health condition that affects the natural healing process of the skin, it would be advisable or required for you to consult with your physician before proceeding.

If you have a health issue or condition not listed above, please list it below:

I agree to allow my face to be photographed and used for advertising purposes.

YES NO (please circle)

The client hereby releases the technician and company, and any and all persons representing the company, for all claims, demands, damages, actions, and cause of action arising out of the performance of these services.

YES NO (please circle)

The technician and company accept liability in compliance with legal measures and regulations in the case of negligence or carelessness or intentionally or negligently caused injuries or threat to life, body, and health.

Client is informed in detail about the specific risks of the Plasma Skin Tightening technique.

Risks:

During the treatment, despite the staff's expertise and all the precautionary measures, injury is possible.

Despite the application of the most advanced and top-quality products, allergic reactions, while very rare, are possible. The client is informed about this and he/she assumes liability.

During and after the treatment temporary swelling, redness and/or itching may occur. Experience tells us that these symptoms are temporary.

After the procedure, the skin will be red and flushed in a similar way to a moderate sunburn. You may also experience skin tightness and mild sensitivity to the touch on the area being treated. These effects will diminish greatly a few hours following treatment. After 3 days most visible erythema (skin reddening) will be greatly diminished.

The results of applied treatment can be different due to differences in the skin quality, thus said, there is no warranty for the success of the treatment.

To achieve desired results, multiple treatments, although rare, might be needed.

The duration of these results will vary depending on the area being treated, skincare routines, and skin quality of client.

Plasma Skin Tightening always leads to skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications.

Inadequate aftercare measures in the healing phase of the skin can lead to poor results and the technician and company, and all persons representing the company cannot be liable for it.

Do not wash your face for at least 5 hours, optimally 12 hours, after the treatment. Within the next 3 days after the treatment or as needed, apply a special kind of aftercare product (Neoskin Aftercare Balm) according to detailed instructions for use.

Do not apply makeup on the facial skin including eyelids for a minimum of 24 hours after the treatment and ideally for 48 hours for reassurance.

Do not expose your skin to direct sunlight for the first two days following treatment.

During the first week following treatment:

DO:

- Wear dark sunglasses
- Wear a hat

AVOID:

- Public bathing
- Sunbathing
- Tanning salons
- Saunas
- Beauty treatments
- Intense workouts or sporting activities that cause sweating
- Contact with dust (household chores, etc.)

Plasma Skin Tightening can be safely performed 4 weeks after a Botox treatment or a dermal filler implantation. Do not use Botox or dermal fillers within two weeks after the *Plasma Skin Tightening* treatment.

The technician, company, and all other persons representing the company cannot be liable in case of improper post-treatment care.

I confirm that I have read and understood the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from, or consequences of, the *Plasma Skin Tightening* procedure.

YES NO (please circle)

I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about the treatment and I received a clear and understandable response to all of my questions by the technician and associates.

YES NO (please circle)

The treatment and post treatment care were explained to me in detail and I understand it and agree with it.

YES NO (please circle)

Client's Name: _____

Client's Signature: _____

Date: _____