



### Carboxytherapy Consent Form

Carboxytherapy is a non-surgical method in which Carbon DIOXIDE ( CO2) is injected into Tissue through a needle. From the injection point carbon dioxide diffuses easily into Adjacent tissues. Carbon dioxide is used go mechanically kill fat cells. It also causes dilation of blood vessels On the capillaries in the area. Wider vessels mean bigger and stronger blood flow to the area, Which means more oxygen. The increase in oxygen helps to eliminate the built-up fluid from between the cells. The end result is fewer fat cells and firmer subcutaneous tissue.

POSSIBLE, NATURAL REACTIONS TO THE TREATMENT: I have been informed about the course of the treatment and the possible natural reactions after the treatment:

- Pain at the application site due to increased pressure
- A feeling of spreading
- Erythema at the application site
- Temporary anesthesia below the injection site
- Heat feeling (vasodilatation)
- Vagus nerve syndrome
- Feeling of burning, tingling, itching
- Swelling

POSSIBLE COMPLICATIONS AFTER TREATMENT: I have been informed about the possible complications after the treatment in the form of:

- An infection
- Inflammation
- Swelling
- A hematoma/bruise

POST-TREATMENT OBLIGATIONS: I have been advised to comply with the following post-treatment recommendations, failure to follow may cause serious complications:

- Avoid rubbing and massaging the skin in the treatment area for up to 48 hours.
- Do not use creams/preparations with active substances, e.g. retinol, vitamin C, peptides for a minimum period of 3 days.
- Apply cream with 50+ filter for a minimum of 3 days after the procedure.
- Do not use other face/neck/cleavage/hands treatments without consulting a physician.
- Do not use the sauna, swimming pool, solarium, sun-tanning area, sunbathing for up to 3 days.
- Do not do intense exercise for 12h.
- Cooling pads can be used, e.g. with Euphrasia to reduce swelling and bruising.

FREQUENCY OF CARBOXYTHERAPY TREATMENTS: I have been informed about the frequency of carboxytherapy treatments.

The nature and purpose of the treatment have been explained to me. I have read and understand the attached agreement(s) All of my questions have been answered to my Satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I release Advanced Skin and Vein Care Centers, medical staff, and specific technicians from liability Associated with the procedure. I certify that I am a competent adult of at least 18 years if age. This consent form is freely and voluntary executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Note: All prices are subject to change without prior notice.

Client's Name (Please Print): \_\_\_\_\_ Client's  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_