

File No: 46281
Date: 26/3/25

Consent for treatment with OxyGeno

➤ **Description of the Procedure and process:**

The OxyGeno treatment is a popular facial treatment known for its 3- in 1 super facial benefits. It combines exfoliations, oxygenation and infusion to rejuvenate the skin.

- 1- **Exfoliation:** The treatment starts with exfoliation to remove dead skin cells and smooth the skin.
- 2- **Oxygenation:** It uses the Bohr effect to oxygenate the skin from within improving cellular activity.
- 3- **Infusion:** The treatment infuses the skin with vitamins, nutrients and other active ingredients to nourish and improve skin tone.

➤ **Benefits of the Procedure and process:**

- Immediate result with brighter and healthier looking face.
- Long term improvement in skin appearance and texture.
- Suitable for all skin types..
- Minimal downtime allowing patients to resume daily activities shortly after treatment..

➤ **Side Effects and Risks but Limit to:**

Side effects usually temporary and should subside within a few hours to a couple of days.

- **Redness:** It's normal to experience some redness immediately after the treatment.
- **Slight Swelling:** Some individuals may notice minor swelling, particularly around sensitive areas like the eyes.
- **Tingling Sensation:** During the treatment you might feel a mild tingling sensation as the skin is exfoliated and infused with nutrients.
- **Allergic Reaction:** Although exceedingly rare the possibility exists of an allergic reaction and discomfort.

➤ **Confidentiality:**

I have been explained about the confidentiality of data and my information including photography & videography.

➤ **Financial implication:**

I undertake to pay all treatment fees requested from and in case if the service provided to me is not covered by (totally or partially).

Non-Refundable payments by signing this consent form you acknowledge that all payments are non-refundable upon agreeing to the procedure.

➤ **Certification of Consent:**

- I have read the previous information or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. The discussion with the physician was confidential and I consent voluntarily to undergo this treatment/ procedure/ surgery and understand that I have the right to withdraw from the procedure or treatment at any time without in anyway affecting my medical care. These alternative have their own benefits, risks and side effects which have discussed with me.
- I understand that I'm responsible for the payment of procedure and any associated fees.
- I acknowledge that there is a strict "No refund policy" once the procedure has been performed.

Patient Name: *ayan*

Patient Signature: *ayan dave/hayes*

Date & time:

➤ **Healthcare Professional Declaration:**

I have adequately explained the patient about the procedure along with risks, adverse effects and the standard alternative that are available for the procedure.

I have permitted time and opportunity for the patient to ask questions and all questions have been answered to my knowledge.

Physician Name: *Emam Elsayed*

Physician Signature: *Emam*

Date & time: *26/3/25 1070pm*

File No: 46291

Dare: 26/3/25

Consent for Deep Cleaning/ Rejuvenation and Tightening

➤ Description of the Procedure and process:

A facial deep cleaning/ rejuvenation and tightening Procedure typically involves several steps to deeply cleans the skin, remove impurities, and tightening the skin for more youthful appearance, this treatment involves multiple steps to deeply cleans the skin, remove impurities, and tighten the skin (skin exfoliation, extraction, hydration, mask application, skin tightening).

➤ Benefits of the Procedure and process:

- Deep Cleansing of the skin to remove impurities and unclog pores.
- Improve skin texture and tone.
- Reduction of the fine lines and wrinkles.
- Enhanced skin firmness and elasticity.

➤ Side Effects and Risks but Limit to:

- Redness, swelling or irritation at the treated areas.
- Temporary discomfort or sensitivity.
- Risk of infection (rare).
- Possible allergic reaction to product used.

➤ Post Procedure Care:

- Apply ice packs to the treated areas to reduce swelling.
- Avoid direct sun exposure and use sun screen.
- Follow any specific aftercare instructions provided by your skincare specialist.

➤ Confidentiality:

I have been explained about the confidentiality of data and my information including photography & videography.

➤ Certification of Consent:

- I have read the previous information or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. The discussion with the physician was confidential and I consent voluntarily to undergo this treatment/ procedure/ surgery and understand that I have the right to withdraw from the procedure or treatment at any time without in

anyway effecting my medical care. These alternative have their own benefits, risks and side effects which have discussed with me.

- I understand that I'm responsible for the payment of procedure and any associated fees.
- I acknowledge that there is a strict "No refund policy" once the procedure has been performed.

Patient Name: aya 0529507083

Patient Signature: aya abanahyag

Date & time: 26/3/25

➤ **Healthcare Professional Declaration:**

I have adequately explained the patient about the procedure along with risks, adverse effects and the standard alternative that are available for the procedure.

I have permitted time and opportunity for the patient to ask questions and all questions have been answered to my knowledge.

Physician Name: Emam Elsayed

Physician Signature: Emam

Date & time: 26/3/25 10:10 pm