



Declaration of Consent for Plasma Treatment

I have been personally advised by the handler, Samantha Martel, about the type, kind and purpose of the treatment, including information about possible anesthetization.

I was thoroughly informed about the required behavior, as well as the necessary sun protection before and after the treatment, and pointed out possible complications before and after the treatment.

In doing so, my personal situation was sufficiently discussed, as well as realistic treatment results. I have received, read and understood the leaflet with generation information for the patient on treatment and after-treatment. I was also able to ask all the questions I was interested in. These were answered and understood by me, i.e.: specific personal risk factors of the patient (medication, operations, sensitivity to light (especially disorders), etc.

Yes No Initial _____

In order to be able to perform your Privé Plasma Treatment optionally, we ask you to answer the following questions:

Are you HIV positive? YES NO

Were you or will you be treated with cortisone during the treatment? YES NO

Do you suffer from heart problems? YES NO

Do you take medication on a regular basis? YES NO

Do you have a pacemaker? YES NO

Do you take blood thinning drugs? YES NO

Do you have a healing disorder? YES NO

Do you suffer from Herpes? YES NO

Please list any infectious diseases you may have:

Please list any allergies:

I would like an allergy test (surface-anesthesia) YES NO

Are you of age, and in full possession of your mental state and do not have a legal guardian and are you responsible for making your own decisions? YES NO Initial _____

Bombshell esthetics

Areas of application

- Age-warts (seborrheic keratoses), Fibromas (pedunculated wart), skin-colored nevi (dermal nevi), viral warts, age spots (lentiginos) and light damaged skin (actinic precancerous)
- Fat deposits under the skin of eyelids (Xanthelasma)
- Scars, acne scars
- Wrinkle smoothing, eyelid lifting

Risks

Even if the therapy is carried out in the correct manner, there are certain risks:

- Intolerance of the local anesthetic (cream form or local injection)
- Wound infection/wound healing disorders / scarring (extremely rare)
- Pigment disorder (hyper hypopigmentation) / a sunscreen with a higher filter SPF 50 should be used for at least 2-4 weeks

Declaration

I am aware that a guarantee cannot be given for the results of the treatment. I have also been informed about the necessity of additional treatments (fee required) which may be necessary to achieve the desired results.

Nevertheless, I agree to carry through with the above described treatment. I have been given sufficient time and opportunity to overthink my decisions and all of my questions have been answered thoroughly and completed. I do not have any other questions.

I have received and read the patient information. I will follow the instructions. I agree to the Privé Plasma Treatment, which will take place at Bombshell Aesthetics, and have had sufficient time for consideration.

Please print name

Age

Please sign name

Date

Location

Signature of Aesthetician

Date