



IMAGE TREATMENT CONSENT STATEMENT

GUAUST INFORMATION

NAME:

MOBIL:

HOME ADDRESS:

EMAIL:

TREATMENT IN WHICH I PARTICIPATED (circle the appropriate one)

I MASK

O2 Lift SPA

IMPORTANT INFORMATION

The treatment you receive is a transition between clinical and cosmetic treatments, the purpose of which is to exfoliate the upper layers of the skin. Your cooperation greatly determines the outcome of the treatment. It is important to strictly follow the instructions given by your operator regarding the use of the products at home.

The exact and precise results of the treatments, the duration of peeling and the possible associated discomforts cannot be guaranteed.

A temporary stinging or heat sensation may occur during the treatments. This feeling goes away in a short time, typically within a few minutes. After the treatment, you may feel a lingering sensation on the skin for a few hours, which may even last for a few days in some cases.

For most patients, peeling begins within 48 hours. It is impossible to predict how much peeling you can expect. How much time depends on the individual. (5-7 days)

After the treatment, depending on the type of peeling and your skin, the following side effects may occur:

1.Prolonged redness 2.Dryness and sensitivity 3.In rare cases, severe allergic reaction 4.Scaly peeling
If this bothers you, you can use aquafor. (available in pharmacies without a prescription)

FOR 5-7 DAYS AFTER TREATMENT, LOOK OUT FOR THE FOLLOWING

Do not engage in activities that make you overheat. Because it can cause inflammatory acne. (sauna, training, hot bath, solarium)

Do not rub the skin, if possible do not let your face come into contact with chlorine.

Do not expose your skin to direct sunlight. Use the sunscreen included in the post kit*.

Do not use glycolic acid peels or retinol products after treatment.

Don't poke, scratch your cheekbones. Do not use laser or electrolysis treatment. Do not use injectable aesthetic procedures.



PLEASE MARK THE SENTENCES BELOW WITH AN X

- I am not pregnant
- I am not allergic to aspirin
- I have not used a glycolic acid product in the past 24 hours
- I have not used a retinol product in the past 72'
- I did not take ACCTANE last year I do not have active herpes
- I did not receive radiation treatment I understand that the use of the post kit is mandatory
- I promise that I will not poke or scratch the skin during the healing phase
- I understand that peeling may occur in the treated area
- I declare that I am not currently using Hydrocortisol
- I understand that I will avoid direct sunlight for the next two weeks
- I agree not to wax the treated area for 7 days after treatment
- I understand that I will not use a retinol product after treatment

CONVENTION (please sign)

I received detailed information about the treatment. I understood what I read about the effects and after effects of the treatment.

I agree to the treatment.

GUEST'S SIGNATURE

COSMETIC SIGNATURE

TREATMENT DATE: _____

* At the end of the treatment, you will receive detailed information on how to use the post-kit



Bonvital Wellness & Gastro Hotel **** Superior

8380 – Hévíz, Rákóczi u. 16-18.

www.bonvital.hu | e-mail: spa@bonvital.hu | Tel: +36-83/900-126