

# JULIÉ

SMART CARBOXYTHERAPY

First and last name:

City: .....

Address:

Date: .....

Date of birth

Phone no.

E-mail:

## CLIENT'S AGREEMENT FOR CARBOXYTHERAPY TREATMENT

During a detailed conversation, I have been informed about all circumstances regarding the treatment, its goal, treatment method, risk of complication and I have been given comprehensive information on the required recommendation after the treatment.

The goal of the **CARBOXYTHERAPY** in the area of

....., is .....

I was informed that the effects of the treatment depend on many factors, such as: age, sex, and hormonal balance, metabolism, diseases, lifestyle, individual tendencies of the organism, cosmetic defect stage, regularity of visits, expectations, other: .....  
Therefore, the expected results of the treatment cannot be guaranteed or they might not be identical in the case of every customer. The number of treatments and their effect is different for each person individually.

### I HAVE BEEN INFORMED WHAT THE CARBOXYTHERAPY TREATMENT IS:

The carboxytherapy treatment is based on intradermal or subcutaneous injection of carbon dioxide using the device **JULIE CARBOXYTHERAPY™**. The cosmetologist precisely injects controlled doses of gas based on the health of the patient and procedures. CO<sub>2</sub> injection with the **JULIE CARBOXYTHERAPY™** device is interpreted by the body as hypoxia, which causes a specific, positive immune response of the body.

### I HAVE BEEN INFORMED WHAT IS THE RESPONSE OF THE ORGANISM TO THE INJECTION OF CO2 INTO THE TREATMENT AREA:

- cell renewal;
- improvement of microcirculation;
- increase in blood flow;
- activation of tissue oxygenation processes;
- increase in oxygen and nutrients;
- increase in natural growth factors, including VEGF - vascular endothelial growth factor.

**VEGF** - is a group of proteins involved in the formation of the embryo's blood vessel network and angiogenesis, that is, the formation of capillaries in the tissues.

**Carbon dioxide has no harmful effects on the human body**, it is produced by our cells as a result of cellular respiration and excreted entirely by our lungs in a natural way, i.e. as a terminal product of gas exchange. In a word, it can be described as a highly neutral therapeutic factor for the human body.

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## **I HAVE BEEN INFORMED WHAT THE CARBOXYTHERAPY TREATMENT IS IN BIOREVITALISATION OF THE SKIN.**

- During the injection of carbon dioxide, the inflammation is intentionally and deliberately "induced" (desirable and correct reaction), which stimulates the release of growth factors (VEGF) in skin and stimulates fibroblast activity to produce elastin and collagen by up to 40%.
- The reconstruction of the skin starts from the first treatment, the newly formed collagen fibers are parallel and tightly weaved, and as a result, the skin becomes smoothed and elasticized.
- The indication for the procedure is lack of flexibility, firmness, oxygenation, first signs of aging, minor wrinkles, general improvement of the skin condition of the face, neck and cleavage, hands (revitalization).
- After finishing the series, the strengthening of the skin tension of the falling chin or neck, thickening of the dermis and reduction of the amount of fine wrinkles are visible. The final effect is visible after about 4 - 5 weeks from completed series.

### **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 cosmetologist.
- 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.

Frequency of treatments using the **JULIE CARBOXYTHERAPY™** device depends on the area of treatment, skin condition and general health of the patient. The best results are obtained by performing the procedure of carboxytherapy at regular intervals every 10 - 14 days (series). The treatment time is from 15 - 45 minutes depending on the area.

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## CONTRAINDICATIONS FOR THE CARBOXERY THERAPY:

I have been informed about the following contraindications to the procedure:

• Pregnancy	YES NO
• Breast-feeding period	YES NO
• Cancerous diseases	YES NO
• Post-cancer (up to 5 years)	YES NO
• Epilepsy	YES NO
• Glaucoma	YES NO
• Recently taking aspirin or anti-inflammatory drugs that reduce blood clotting	YES NO
If YES, then when (hour)	
• Acute heart failure	YES NO
• A recent heart attack or angina	YES NO
• Severe renal failure (dialysis), liver failure	YES NO
• Recent stroke	YES NO
• Chronic lung diseases, COPD	YES NO
• Recent inflamed veins or pulmonary embolism	YES NO
• Hypertension (uncontrolled blood pressure)	YES NO
• Poikiloderma (hyperpigmentation/vascular pigment disorders)	YES NO
• Rosacea	YES NO
• Coagulation disorders (haemophilia)	YES NO
• Venous thrombosis	YES NO
• Von Willebrand's disease (hemorrhagic diathesis)	YES NO
• Healing disorder, connective tissue disease	YES NO
• Cellulitis (cellulitis - bacterial disease)	YES NO
• Immunological diseases, i.e. lupus, vitiligo, lichen planus	YES NO
• Psoriasis in the active phase at the place of surgery	YES NO
• Inclination to keloid (kelo)	YES NO
• Lumps of unknown origin	YES NO
• Uncontrolled diabetes	YES NO
• Bacterial, viral and fungal diseases in the surgical site	YES NO
If YES, what diseases/what medicines are being taken	
• Disturbances in the sensation of pain and heat (relative contraindication)	YES NO
• Multiple sclerosis (relative contraindication)	YES NO
• Hyperthyroidism (relative contraindication)	YES NO
If YES, what medicines are taken	
• 3 months after the operation	YES NO
• Other aesthetic procedures in less than 15-30 days before the carboxytherapy procedure (Botox, gold threads, absorbable implants and fillings in the treatment area, e.g. networked hyaluronic acid so-called "fillers")	YES NO
• Taking antibiotics	YES NO
• General poor health, e.g. cold	YES NO
• Fear of needles	YES NO

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## **DECLARATIONS AND CONSENT FOR TREATMENT:**

I declare that I have read and understood the entire above statement and that I knowingly and voluntarily undertake the procedure.

The content of this document was discussed with me in detail before the procedure. I had the opportunity to ask questions and I obtained comprehensive answers. Procedures for surgery have been presented to me in an accessible and understandable way.

Person performing the procedure: .....

Date ..... Customer's signature .....

I agree to the processing of my personal data by

.....  
.....

in accordance with the Act of 29 August 1997 on the protection of personal data (i.e. Journal of Laws No. 101, item 926 with later amendments) to perform the service.

Signature .....

I agree to the processing of my personal data in accordance with the Act of 29 August 1997 on the protection of personal data (i.e. Journal of Laws No. 101, item 926, with later amendments) for marketing purposes.

I declare that I have been informed about the right to access my data and correct it in accordance with art. 24 sec. 1 point 3 of the Act on the Protection of Personal Data.

Signature .....

I agree to taking photographs of the area subjected to therapy in order to assess the effectiveness of the procedure.

Signature .....

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TREATMENT	DATE	TREATMENT AREA	MEASUREMENT	COSMETOLOGIST
1				
2				
3				
4				
5				
6				
7				

**End effect:**

Treatment area:.....  
Before:.....  
After:.....  
Difference:.....

**End effect:**

Treatment area:.....  
Before:.....  
After:.....  
Difference:.....

**End effect:**

Treatment area:.....  
Before:.....  
After:.....  
Difference:.....

**End effect:**

Treatment area:.....  
Before:.....  
After:.....  
Difference:.....