


Carboxy Therapy Consent Form

Patient Name	:	Ms. Jawaher Ali Abdulrahman		Emirates ID	:	784-1998-4304307-8		
File No	:	38411	DOB	:	1998-08-08	Nationality	:	Other
Gender	:	Female	Doctor's Name	:	Crizell Beltran	Date	:	2024-04-04

- ☐ Carboxy therapy is an FDA approved procedure to improve the appearance of dark circles, stretch marks and reduce cellulite.
- ☐ Carboxy therapy is a non surgical method in which Carbon dioxide (CO2) is injected into tissue through a needle. From the injection point the carbon dioxide diffuses easily into adjacent tissues.
- ☐ I understand that there may be temporary side effects such as a transient headache, swelling, bruising; pain during injection. There may risks not yet known at this time.
- ☐ I understand that the risk of side effects may increase with other medical conditions. I will inform the nurse or physician if my medica condition changes.
- ☐ I understand that to achieve optimal results multiple treatments are necessary
- ☐ I understand that the Carboxy Therapy treatment involves a series of treatments and the fee structure has been fully explained to me.
- ☐ I understand that after the treatment I should not bath or sit in a hot bath for at least 4 hours.
- ☐ I have met with the Doctor/Specialist who is overseeing my treatment and discussed the treatments and procedures.
- ☐ I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications.
- ☐ I certify that I am not pregnant or trying to become pregnant nor am I nursing at this time.
- ☐ I understand no guarantee can be made as to the final results obtained.
- ☐ I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to
- ☐ I certify that I have thoroughly read and understand the contents of this form and disclosures listed above were made to me.
- ☐ I consent to allow this form to be valid for all Carboxy Therapy treatments for a period of 1 year from the date on this consent.

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
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Patient Name Ms. Jawaher Ali Abdulrahman Date 2024-04-04	Doctor Name Crizell Beltran - Laser (D14889) Date 2024-04-04