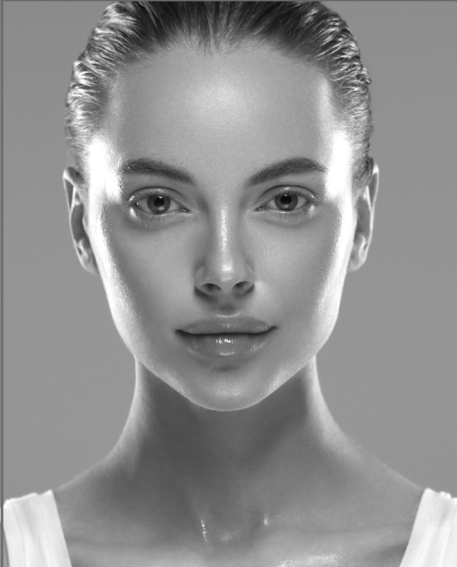



**JOURNAL FOR AESTHETIC TREATMENTS**

Name:
Address:
Phone / mobile:
Therapist:
Date:

	<b>DATE</b>	<b>PRODUCT</b>	<b>TICK</b>
		Boozter	
		Cleanze	
		Volymizer	
		CBD Skin Balanz	
<b>LOT/BATCH#</b>			
	LOT-LABEL		
<b>NOTES</b>			

	<b>DATE</b>	<b>PRODUCT</b>	<b>TICK</b>
		Boozter	
		Cleanze	
		Volymizer	
		CBD Skin Balanz	
<b>LOT/BATCH#</b>			
	LOT-LABEL		
<b>NOTES</b>			

	<b>DATE</b>	<b>PRODUCT</b>	<b>TICK</b>
		Boozter	
		Cleanze	
		Volymizer	
		CBD Skin Balanz	
<b>LOT/BATCH#</b>			
	LOT-LABEL		
<b>NOTES</b>			

**JOURNAL FOR AESTHETIC TREATMENTS**

CUSTOMER	TREATMENT	TICK	SIGN. CUSTOMER	DATE
Name:	Boozter			
Address:	Cleanze			
Postal code:	Volymizer			
City:	CBD Skin Balanz			
Phone / mobile:				
E-mail:				

**LIST SYMPTOMS BELOW**

TICK THE BOX TO THE RIGHT	YES	NO	IF YES, PLEASE SPECIFY	NOTES
High blood pressure				
Diabetes				
Sensitive to medication				
Allergy				
Heart or lung disease (shortness of breath)				
Skin disease				
Other disease/s				
CONTRAINDICATIONS	YES	NO	IF YES, PLEASE SPECIFY	NOTES
Pacemaker				
Heart disease				
Active acne				
Active herpes				
Are you pregnant or breastfeeding?				
I have understood all questions and I am above 18 years old				

<p><b>INFORMED CONSENT</b></p> <p>My therapist who will perform the aesthetic treatment has provided me with all the information with potential benefits, limitations and alternative treatments. I fully understand its execution. All my questions and thoughts have been answered to my satisfaction. I have also read and understood the accompanying brochure. I am well aware of all the contraindications and also of possible unwanted effects and results.</p> <p>I accept the risks, side effects and possible complications that may arise from this treatment. There may be redness. I understand that results are not guaranteed. The duration after treatment may be shorter or longer than the specified time period. I have answered questions about my medical history to the best of my ability. I certify that I have been informed of the treatment in agreement with the above and agree with the treatment by my signature next to it.</p> <p><b>GDPR</b></p> <p><input type="checkbox"/> I certify that I have read and approved my Therapist's GDPR policy on the enclosed appendix or on their website.</p>	<p><b>SIGNATURE</b></p> <p>.....</p>	<p><b>PLACE</b></p>
	<p><b>PRINTED NAME</b></p> <p>.....</p>	<p><b>DATE</b></p>