

## Portrait Plasma Skin Regeneration Consent Form

Portrait Plasma Skin Regeneration is a non-surgical skin rejuvenation treatment that uses nitrogen plasma energy to deliver controlled thermal energy to the skin. This stimulates natural regeneration, encouraging new collagen and elastin production while resurfacing the upper skin layers. It can improve fine lines, wrinkles, uneven pigmentation, acne scars, and overall skin texture. Unlike traditional lasers, it leaves the skin's surface intact during the initial healing phase, reducing the risk of infection.

Do you understand the information you have been provided?

Yes  No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes  No

Has your consent been freely given?

Yes  No

Do you have any medical conditions?

Yes  No

Are you pregnant or breastfeeding?

Yes  No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy, myasthenia gravis, or Lambert-Eaton syndrome)?

Yes  No

Do you have an autoimmune disease?

Yes  No

Do you have any skin conditions?

Yes  No

Do you have any known allergies or have ever had anaphylaxis?

Yes  No

Do you have any active infection at the intended site of procedure?

Yes  No

Are you taking antibiotics or other prescription medications?

Yes  No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.