

# DAVINCIA®

## CONSENT FORM FOR BIOCOMPATIBLE CARE®

### What is a Davincia Biocompatible Care®?

The **Biocompatible Care®** offers a natural and intelligent curettage of dermal components. It frees the skin from harmful ingredients and provides essential elements for its vitality. This care provides the skin with agents in the form of different types of microorganisms, including probiotics. This biocompatibility better prepares the skin, thus promoting optimal absorption of daily care products applied thereafter.

It revitalizes the skin and optimizes its skin flora while respecting biological integrity. The Biocompatible Care® is suitable for all regions of the body and all types of integuments, except for mucous membranes.

I understand that after the **Biocompatible Care®**, I may feel a warm sensation on the skin, similar to a mild sunburn. Possible **temporary and normal** side effects are: redness, swelling, tingling, dryness and/or peeling of the skin, enlarged skin pores, eruptions (pimples), and increased sebum secretion.

### Consent

- I acknowledge that no guarantee has been given to me regarding the final result of this treatment;
- I acknowledge and understand that the Biocompatible Care® is based on regular treatments and that I may not see all the expected results after just one session;
- I have informed my Davincia® retailer of my allergies, if any;
- I have received, read, and understood the pre and post Biocompatible Care® guidelines document;
- I have been informed that I must use Davincia® products **ONLY** in conjunction with the Biocompatible Care®.

I authorize Davincia® and its retailers to use photos of me for training and promotional purposes.

**YES NO**

By signing below, I certify that I have fully read and understood the content of this consent form for **Biocompatible Care®**. I have also received satisfactory answers to questions regarding the proposed solutions and freely agree to comply with them.

Hereby, I release Davincia® and its retailers from any potential legal proceedings.

Partner : \_\_\_\_\_ Date : \_\_\_\_\_

\_\_\_\_\_  
Customer or representative signature

\_\_\_\_\_  
Davinicia® Retailer signature

\*Nos astuces et conseils ne remplacent pas ceux d'un professionnel de la santé reconnu. Nous vous encourageons à consulter un professionnel de la santé et à suivre ses recommandations en tout temps.