

SUNEKOS CONSENT FORM

The regeneration system for dermal biogenesis is a non-invasive medical treatment, consisting of injecting, through a fine needle or a cannula. The procedure is relatively painless and a topical anaesthetic can be applied before treatment with Sunekos.

I have the opportunity to ask the practitioner questions that I may have had before receiving this injection.

The treatment normally lasts about 15-20 minutes and at the end, you can immediately resume normal activities.

The intradermal plant of natural chemically unmodified high and low molecular weight hyaluronic acid, plus amino acids of collagen and elastin (in Sunekos 200 and 1200) is one of the methods used for rejuvenation. Hyaluronic acid and the amino acids of collagen and elastin are substances already present in the human body, they are reabsorbed and are used for the synthesis of a new dermal matrix.

The duration of the effect depends on multiple factors (individual characteristics, sun exposure, skin treatments, etc.).

The Practitioner is the only competent person to judge if the implant can be performed.

Noticeable improvements after Sunekos treatment are the following:

- increased firmness and elasticity of the skin
- brightness and turgor
- improvement of fine lines and decrease of thin wrinkles

The regeneration system for dermal biogenesis is a treatment indicated both for young, still elastic and vital skin, to slow down the physiological ageing process, and for mature skin to reduce the signs of ageing, reactivating cellular functionality. Sunekos 200 or 1200 have not had any reportable allergic reactions reported to date so its use does not require preliminary tests. However, we advise that if you were to react, you would need to inform your practitioner and/or GP.

The treatment is carried out as follows:

- after disinfecting the area to be treated, the practitioner inserts the needle or microcannula along the line or wrinkle, then withdraws it gradually, releasing the product at the same time;
- after the product has been injected the practitioner may perform a gentle massage to shape the treated area.

I declare that I am aware that there is a possibility, at least in theory, that the components of the

injected material may cause an allergy.

I understand that the intradermal implantation of biomaterials, such as hyaluronic acid, is considered a safe medical-surgical procedure; however, in some cases, as occurs in all medical procedures, the body may respond and react in a way that is not always entirely predictable, such as, for example, the formation of bruises, hematomas, herpes or bacterial infections, oedemas, nodules, cysts and inflammation. These reactions can occur even if the medical-surgical procedure is carried out with skill, prudence and diligence.

I hereby indemnify the practitioner from any liability relating to the procedures that I am having. I also understand that any treatment performed is between me and the practitioner who is treating me and I will direct all post-operative questions or concerns to the practitioner.

I hereby indemnify the facility/meeting room/hotel/salon/clinic/home visit where this treatment is being performed from any liability relating to the procedures that I am having.

PUBLICITY MATERIALS I authorise the taking of clinical photographs and videos. I understand that photographs and videos may be taken of me for educational and marketing purposes.

I hold the practitioner harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

RIGHT TO DISCONTINUE TREATMENT I understand that I have the right to discontinue treatment at any time & I understand payment will still have to be made in full.

PAYMENT I understand that this is an 'elective' procedure and that payment is my responsibility and is expected at the time of treatment.

I understand this is an elective procedure & the procedure has been fully explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the possible complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history, I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

I certify by signing this form that you have read the information in this document and completely understand it. I choose to proceed based entirely on the information provided in this informed consent document. I therefore and hereby consent to the care or treatment described herein.

Any discrepancies must be taken up with the practitioner.

I have read this informed consent and certify I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is "elective" and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this clinic, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required. PHOTOGRAPHS: I authorise the taking of clinical photographs and their use for scientific and educational publications and presentations. I understand my identity will be protected. I understand photos are mandatory for insurance purposes.

Pre and Post treatment care

I confirm I have read and understood the pre treatment care recommendations provided and I am happy to proceed with the treatment. I confirm I have read and understood the post treatment care provided and will follow these instructions.

By accepting, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent treatments with the above understood. I hereby release the doctor, the person injecting the Botulinum A Toxin and the facility from liability associated with this procedure.

aesthetics



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