Date: 08/08/2024

PROFHILO CONSENT FORM

PROFHILO SKIN BOOSTER CONSENT FORM

PATIENT CONSENT: This is an informed consent form that has been prepared to help inform you of the potential benefits and risks of Profhilo. It is important that you read this information carefully and discuss fully with your practitioner before proceeding with treatment.

It is also important that you take as much time as you need to consider the treatment carefully, weighing up all your options before reaching an informed decision. It is essential that you are aware of your right to have a second opinion and you are encouraged to ask any questions that come to mind throughout the entirety of the process.

Profhilo is a skin bioremodeller consisting of high concentration hyaluronic acid. It works by stimulating skin collagen and elastin production as well as promoting increased skin hydration. Profhilo is administered in small amounts by intradermal injection using very fine needles and aims to boost, tighten, hydrate and lift your skin. Profhilo is used to treat tired, aged, lax and dehydrated skin as well as for fine lines and wrinkles. Profhilo is commonly used for skin rejuvenation on the face but can also be used on the neck and hands. Profhilo is not the treatment of choice for deep lines and scars or to add volume, it is not a dermal filler and will not produce the same results as these. You will be offered a topical anaesthetic cream before injection of Profhilo to help reduce discomfort during the procedure.

Profhilo is injected on two treatment sessions 4 weeks apart, to maintain results a further 2 treatment course is recommended every 6 months. After initial treatment you can expect to see results gradually over a period of 4-6 weeks. Results should last 6 months on average but they can last for longer or shorter time periods. I am aware that results vary between clients and results are dependent on many individual factors. I am aware that there is no guarantee that I will achieve desired results and that more than one treatment course may to be needed to achieve or maintain desired results.

I understand that several appointments may be necessary to produce optimal results and I will be notified, in advance of each session of treatment, about the location where the next treatment session is going to take place and the identity of who is going to be involved in my care at each stage. I also understand that I will be kept informed of progress and that I can change my mind at any point.

RISKS AND SIDE EFFECTS: As with any procedure there are potential risks and complications associated with Profhilo. You must be aware of the following possible risks before proceeding. You must fully discuss any questions with your practitioner.

Common complications:

These include pain, bleeding and bruising at the time of injection. After injection, the area may feel tender but should not be actively painful. If you experience significant pain following Profhilo then you must contact your practitioner as soon as possible for review. Bruising is dependent on several factors, most of the time bruising is mild but occasionally can be more significant. Bruising can take up to 2 weeks to fully resolve but should be much improved after 1 week. More uncommonly severe bruising can lead to haematoma formation, a collection of clotted blood. In this case the swollen collection of blood will need at least 2 weeks to resolve naturally and your practitioner will give you the appropriate after care advice. Your skin may appear red and swollen after Profhilo injection, this is usually mild and should improve after a couple of days, but it can last up to 14 days in some cases.

Uncommon complications include:

Skin infection (cellulitis) which presents as hot, red, shiny skin and you may also be generally unwell. In the case of suspected infection following Profhilo, you should contact your practitioner but also seek medical assessment as soon as possible as you will likely need antibiotics. Occasionally infection can form a swollen collection called an abscess. In this case you again must seek urgent medical attention. If you suffer from cold sores (a herpes virus infection of the lip) these can sometimes be reactivated following injections. Occasionally people can develop an unwanted inflammatory reaction to Profhilo and this can lead to nodule formation called granuloma. These often present as a delayed complication several months after the treatment. Several treatment options are available for granuloma formation and you may require medical assessment. Sometimes people can faint or feel faint with injections, you must tell your practitioner as soon as possible if you feel unwell during the treatment.

Rare complications include:

Allergic reaction to Profhilo, including anaphylactic reaction which would require emergency medical assistance and transfer to hospital. Rarely Profhilo can be injected into an artery blocking the flow of blood to the tissue being treated. This is known as vascular occlusion, if untreated it is serious because it can lead to death of tissue (necrosis) which may require reconstructive surgery to correct. In the rare event of vascular occlusion, it would be treated with emergency injections of a dissolving drug called Hyaluronidase. This is an enzyme that

removes the hyaluronic acid occluding the blood vessel and can usually fully reverse the vascular occlusion leading to no long-term harmful effects. Your practitioner will be trained in how to use Hyaluronidase in an emergency, however if treatment with Hyaluronidase is not successful then you would require urgent medical assessment or assessment by a doctor who is a specialist in aesthetic medicine.

I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about:

- the aims/motivations for having the procedure and the desired outcome
- the risks inherent in the procedure
- the risks inherent in refusing the procedure
- the risks specific to me
- the expected benefits of the treatment
- the potential disadvantages of the treatment
- alternative procedures and their pros and cons - including the option of no treatment at all
- any uncertainties about and the likelihood of success of the procedure
- any follow-up treatment that may be required

CLINICAL PHOTOS AND VIDEOS: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records.

I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision.

I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

All deposits and booking fees are non-refundable unless agreed to with the practitioner.

*** Do you understand the information you have been provided?**

No	Yes

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

No	Yes

* Has your consent been freely given?

No	Yes

* Do you have any medical conditions?

No	Yes

If yes, please specify:

Specify any relevant information

* Are you pregnant or breastfeeding?

No	Yes

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

No	Yes

* Do you have an autoimmune disease?

No	Yes

* Do you have any skin conditions?

No	Yes

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

No	Yes

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

No	Yes

* Are you taking antibiotics or other prescription medications?

No	Yes

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

Specify any relevant information

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

Specify any relevant information

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

Specify any relevant information

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

Specify any relevant information

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

Specify any relevant information

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

Specify any relevant information

The Patient:

I have been fully informed about the risks and benefits of treatment. My questions regarding the treatment procedure, it's potential side effects and contraindications were answered to my full satisfaction by practitioner/s .

• I have been provided with sufficient information about the treatment in order to make an informed decision. I have been given adequate time to consider the treatment and have been informed of alternative treatment options, which includes no treatment. I understand that the result of treatment is variable.

• I understand that I am free to revoke my consent at any time without the need to give any reasons.

• By placing my signature below, I declare my consent to the treatment.

• I understand that I am having my treatment carried in a training facility (Derma Institute), my treatment may be carried out by a trainer for demonstration purposes or by a trainee/s who are learning these procedures under supervision by the trainer. I fully understand this and I'm happy to proceed with my treatment/s

*** Patient signature:**

Clear