INFORMED CONSENT
MESOESTETIC COSMELAN® DEPIGMENTING TREATMENT

I,_____ with date of birth ___/___/___, and address _____
With consent, I am happy to undergo the mesoestetic® **COSMELAN®** treatment.

BRIEF DESCRIPTION OF THE TREATMENT

cosmelan® is the professional treatment of skin depigmentation that treats the most severe and resistant skin blemishes of melanic origin.

This is a professional depigmenting method that has an exclusive combination of active ingredients with proven efficacy that provides a unique and dual mechanism of action: corrective and regulatory. Not only it eliminates the visible blemish, but also acts on the source of the problem, regulating the overproduction of pigment to prevent its reappearance, giving both long- and short-term results.

The cosmelan® method is comprised of two phases:

- **In-clinic protocol**: a single in-clinic session where the aesthetic professional applies the mask with an intensive depigmenting action.
- **Home protocol**: the treatment continues at home. Under the aesthetic professional's indications and recommendations, the patient must adhere to a daily application for 6 months of the cosmeceuticals complementary to the method, which will vary according to the phase and progress of the treatment. This phase aims to achieve a continuous depigmenting action and the long-term regulation of pigment overproduction.

CONTRAINDICATIONS

- Pregnant or breastfeeding women.
- Individuals with hypersensitivity to any of the components of the products.
- Individuals with active autoimmune, chronic decompensated and/or dermatological diseases in the area to be treated.
- Individuals under treatment with isotretinoin or other oral retinoids
- Individuals with active bacterial, viral and/or fungal infections in the area to be treated.
- History of cutaneous hypopigmentation, including vitiligo.
- Individuals with open or semi-open wounds in the area to be treated.
- Individuals with a recent dermatological surgery in the area to be treated.
- Individuals with unstable psychological profile.

I DECLARE that the following points have been explained to me:

- The **cosmelan® method** is indicated for superficial melanic hyperpigmentation, including melasma, post-inflammatory hyperpigmentation, lentigines and ephelides. Regarding my specific case, the professional has determined that the recommended treatment is the most appropriate, although other options may be considered in different circumstances. I have had the opportunity to discuss

these alternatives with the professional. Considering the advantages and disadvantages of each of them, I have chosen the treatment described above.

- The duration of treatment and/or amount of product that I have been told is required to achieve the desired effect is indicative, and cannot be precisely determined in advance, as the response to treatment may vary among individual patients.
- The professional has informed me that the regulation process requires time and effort. I understand that to achieve optimal results, as well as to refine and sustain the outcomes obtained in the clinic, it is essential to adhere strictly to the treatment guidelines both within the clinic and at home. It is important that I attend all scheduled appointments at the center to allow for the monitoring of my progress throughout the treatment and the necessary adjustments to my home care regimen.
- No other products must be used during the cosmelan® treatment without the recommendation of his/her professional to avoid interactions. The treating professional shall determine, at all times, the appropriate adjuvant products to be utilized, as well as the frequency of their application.
- Throughout the duration of the treatment, direct and excessive to natural or artificial light, heat sources, saunas or swimming pools should be avoided. Hair removal treatment or other treatments with abrasive or irritating substances should also be avoided.
- During the use of **cosmelan® method**, it is essential to use very high photoprotection on a daily basis. It is recommended to reapply every 2-3 hours during daytime hours. This application pattern should be maintained as a regular photoprotection practice post-treatment.
- Despite the proper choice of technique and its correct execution, the **RISKS AND COMPLICATIONS** that the medical science describes as inherent to this treatment may occur. Among other major risks that have been explained to me are the following:
  - Risks and complications common to any aesthetic treatment, for example: allergic reactions to the substance used (generally mild, which remit with appropriate treatment or even without treatment).
  - Risks and complications specific to this treatment which have been explained to me and which I assume and accept pain, burning, stinging, itching, scaling, crusting, erythema, oedema, acneiform eruptions, dyschromia, hyper- or hypopigmentation in the treated area.
- Furthermore, I have been informed that it is important to inform about my personal history of drug allergies, current medications, pregnancy or breastfeeding, history of facial herpes simplex, personal or family history of keloids or any other circumstances. Post-treatment risks or complications may arise or exist due to my personal circumstances, previous health status, age, profession, etc. Other risks or complications that may appear considering my personal circumstances, previous health status, age or profession are: _____

I ACKNOWLEDGE that the objective of the treatment is to enhance my appearance, with the understanding that some imperfections may persist, and the outcome may not align with my expectations. I am informed that the aesthetic results of the treatment are influenced by factors such as hormonal or vascular changes, genetic predisposition to hyperpigmentation, prior depigmentation treatments, accumulated sun exposure, and the presence of concomitant conditions (e.g., food intolerances). I recognize that absolute perfection

or safety cannot be guaranteed in aesthetic treatments. I understand that the results may not meet my expectations and acknowledge that no such guarantees have been provided.

I RECOGNIZE that during the course of treatment, unforeseen conditions may arise that could necessitate a modification of the initially planned course of treatment. In the event of complications arising during treatment, I authorise the clinic to seek the necessary assistance from additional specialists, in accordance with its professional judgment.

I UNDERTAKE to diligently adhere to the professional's instructions before, during, and after the treatment, and I accept full responsibility for following the post-treatment measures recommended by the clinic.

I ACKNOWLEDGE that I have fully disclosed all relevant information in my medical and surgical history, with particular attention to allergies, personal illnesses, and any associated risks, without omission or alteration.

I AUTHORISE the taking of photographs of the treated area, which may be utilized for scientific, educational, or medical purposes. I understand that the use of these photographs will not constitute a violation of the privacy or confidentiality to which I am entitled.

I HEREBY CONFIRM that I have comprehended the explanations provided to me in clear and straightforward language. The attending professional has afforded me the opportunity to voice all observations and has thoroughly addressed all questions and concerns I have raised. I have been duly informed, have understood, and accept the scope, risks, and contraindications outlined for the treatment. Furthermore, I confirm that I have fully understood this CONSENT DOCUMENT and agree with each of its provisions. I have also been informed of my right to decline treatment or revoke this consent at any time.

Under these conditions, I _____ (patient name) **CONSENT** _____ (practitioners name), to conduct the treatment known as **COSMELAN®** by mesoestetic on me, as well as make any modifications and take any measures deemed appropriate during the treatment.

Clinic Name _____ Date _____.

Signed: The Patient

_____

Signed: The Professional

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