mesoestetic®
United Kingdom

INFORMED CONSENT
MESOESTETIC MESOPEEL® PROFESSIONAL TREATMENT

I, _____ with date of birth ___/___/___, and address at _____

With consent, I am happy to undergo the mesoestetic® **MESOPEEL®** treatment.

BRIEF DESCRIPTION OF THE TREATMENT

mesopeel® is an advanced range of chemical peelings designed for professionals in the aesthetic sector. Chemical peeling is a dermo-cosmetic procedure that consist of provoking accelerated and controlled skin regeneration through the application of chemical exfoliation agents. The mechanism of action of the peeling process facilitates the removal of the outermost skin layers, aiming to stimulate the production of collagen, elastin and glycosaminoglycans, thereby enhancing both the physiological and mechanical properties of the skin.

mesopeel® allows to treat:

- Acne-prone and seborrheic skin, reducing pore size and basal erythema.
- Skin with hyperpigmentation of melanic origin.
- Skin with lackluster, uneven tone and/or lack of luminosity.
- Skin with general signs of ageing, such as mild to moderate photoaging, fine lines and superficial wrinkles, loss of firmness, enlarged pores, dull and matted skin.

CONTRAINDICATIONS

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

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

– In my specific case, the product to be used will be reference _____. 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 estimated number of sessions and/or the quantity of product deemed necessary to achieve the desired effect is indicative and cannot be precisely determined in due to the differences in absorption/reaction response to treatment may vary among individual patients.
- The professional has informed me that achieving and sustaining optimal results requires thorough skin preparation and meticulous pots-treatment follow-up.
- In the four weeks preceding the treatment, I must not undergo any other professional peeling procedure (dermabrasion, microdermabrasion, ultrasonic exfoliating, etc.). Additionally, it is advised that, within five days prior to the treatment, I avoid using abrasive or irritant substances and abstain from applying dyes, bleach or performing depilation or shaving on the areas to be treated.
- For the 48 hours following the treatment session, direct or excessive exposure to natural or artificial light, heat sources, saunas or swimming pools should be avoided. In addition, hair removal and laser treatments should be avoided for a minimum of 15 days.
- During the treatment with **mesopeel®**, the daily use of very high photoprotection is essential. The reapplication every 2-3 hours during daytime hours is advised. The specified application regimen should be consistently followed as part of a regular photoprotection routine after the conclusion of the 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, medical history, lifestyle, prior treatments, accumulated sun exposure, the natural process of ageing, the activity of the melanocyte and sebaceous gland.

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 **MESOPEELS®** 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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