INFORMED CONSENT
BLEMIDERM® TREATMENT

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

address _____

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

BRIEF DESCRIPTION OF THE TREATMENT

The **blemiderm®** method is a comprehensive method to correct active acne lesions on the **face, back and/or chest**, to regulate the triggering mechanisms of the pathology and to restore the quality of oily skin with active acne, reducing shine and refining its texture. The **blemiderm®** method consists of an in-clinic protocol and an accompanying home routine to maximize results.

The **blemiderm®** treatment consists of 3 in-clinic sessions, separated by 15 days, which may vary according to the specialist's criteria and the skin's sensitivity and recovery capacity. Each session consists of the application of **blemiderm® pre-peel**, an exfoliating solution that unblocks and cleanses the pore, preparing the skin for the following stages: and **blemiderm® mask**, an anti-imperfection facial mask.

Home treatment with **blemiderm®** home pack begins after the first clinic session and is recommended to be continued for at least 3 months to achieve optimal control of acne-prone skin. This pack contains a specific cleanser for oily skin (**Purifying Mousse**) and an anti-imperfection gel-cream (**blemiderm® treatment**).

CONTRAINDICATIONS

- Pregnant or breastfeeding women.
- Individuals with hypersensitivity to any of the active ingredients and/or excipients of blemiderm®.
- Individuals with history of keloids or hypertrophic scars.
- Individuals with active autoimmune, chronic decompensated and/or active 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 undergoing radiotherapy treatments
- Individuals with a recent dermatological surgery.
- Individuals with open or semi-open wounds.
- Individuals with unstable psychological profile.

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

– 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 number of sessions and/or amount of product that I have been informed that is necessary to achieve the desired effect is indicative, being impossible to know beforehand the exact amount of product or number of sessions that are necessary, due to the different absorption/reaction of each patient.
- During the 4 weeks prior to the treatment, I should not undergo any other professional peeling procedure (dermabrasion, microdermabrasion, ultrasonic peel, etc.). Five days before the treatment, it is not recommended to use abrasive or irritating substances; nor to dye, bleach, wax or shave the areas to be treated.
- In the 48 hours following the treatment session, direct and excessive exposure to natural or artificial light, heat sources, saunas or swimming pools should be avoided. Hair removal treatments or other treatments with abrasive or irritating substances should also be avoided for the duration of the treatment. Avoid direct sun exposure 3 days prior to the start of the treatment.
- During treatment with **blemiderm®,** it is essential to use a daily broad-spectrum sunscreen with a high SPF suitable for oily and/or sensitized skin. It is recommended to reapply every 2-3 hours during the day. Maintain this application pattern as a regular photoprotection practice after the end of 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 transient erythema, prolonged erythema (more than 72 hours), crusting, scaling, edema, crusting, textural changes, residual hypertrophic scarring; post-inflammatory hyperpigmentation or hypopigmentation. It is normal for desquamation of the treated area to occur up to approximately 72 hours after treatment. Desquamation should not be manipulated.
- 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, an imbalance of the gut microbiota, hyperactivation of the sebaceous gland, medical history, lifestyle, bacterial proliferation and inflammation. 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 **BLEMIDERM** 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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