

> Informed consent for Jalupro Injection

Date _____

Patient _____

Date of birth _____

Declares that:

- I have been informed by Dr./Prof. _____ about skin biorevitalization treatment which consists in injection of Jalupro in different areas of face and body to improve skin texture.
Jalupro is composed by hyaluronic acid and amino acids precursors of collagen, elastin and glycosaminoglycans.
The choice of treatment and of the medical device class III has been decided together after explanation of product's properties
- I was informed that:
the injected substance is a resorbable substance, the outcome of the treatment will therefore be temporary; however, the outcome of the treatment and the related protocol may vary from patient to patient.
- The present model is only supplemental to the extensive information received from the Dr./Prof. _____ during the interviews that preceded the treatment, in particular I was informed of the warnings and potential reactions:
the tests carried out have shown the high tolerability of the product, however there may be rare local reactions, such as swelling and redness, destined to resolve spontaneously;
- The Dr./Prof. _____ has exhaustively given me all the information and indications relating to the precautions and warnings to be used in the days before and after the treatment in order to promote normal healing and avoid complications, and in order also to do not invalidate the good outcome of the treatment itself. I have been informed about the possibility that by disregarding these precautions and warnings, I could prejudice the outcome of the treatment. In this regard, I will undertake to slavishly follow all the instructions that will be given to me during and after the treatment.
- I have carefully read this document and I have recognised the same contents of the information already received in oral form during the interviews with Dr./Prof. _____ .

JALUPRO®

- I have received all the information and clarifications requested regarding the treatment and I have well understood the purposes, the complications, the risks and the possible outcomes.
- I know that the exact result cannot be predicted before treatment and in this regard I declare that no commitment or guarantee of a well determined result was given to me by Dr./Prof. _____, therefore I declare to absolve the Dr./Prof. _____ from the lack of the aesthetic results desired.
- I declare to have obtained all necessary and exhaustive clarification of the information contained in the present model, to have put in place all the questions that I considered appropriate and I have received clear and exhaustive answers that I have understood well and that have satisfied me.

Based on the information and clarifications received, and in full freedom of judgment, I accept the proposed treatment.

I authorize Dr./Prof. _____ to take pre-treatment photographs that will be used exclusively for my treatment follow up and scientific purposes.

I authorize Dr./Prof. _____ to perform the proposed treatment described above.

Patient's Signature
