

IBSA TREATMENT RECORD FORM

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> ALIAXIN® SR | <input type="checkbox"/> ALIAXIN® EV | <input type="checkbox"/> VISCODERM® 2.0% | <input type="checkbox"/> PROFHILO® |
| <input type="checkbox"/> ALIAXIN® FL | <input type="checkbox"/> ALIAXIN® SV | <input type="checkbox"/> VISCODERM® HYDROBOOSTER | <input type="checkbox"/> PROFHILO® BODY |
| <input type="checkbox"/> ALIAXIN® GP | <input type="checkbox"/> VISCODERM® 0.8% | <input type="checkbox"/> VISCODERM® SKINKO | |
| <input type="checkbox"/> ALIAXIN® LV | <input type="checkbox"/> VISCODERM® 1.6% | <input type="checkbox"/> VISCODERM® SKINKO E | |

Title (Mr, Mrs, Miss, Ms):

Name:

Surname:

Address:

Post code: Date of birth:

Occupation:

Tel: Mobile:

E-mail:

Emergency contact / Next of kin

Name:

Surname:

Address:

Post code:

Tel:

Mobile:

MEDICAL HISTORY

1. If you are currently receiving any medical treatment, please state:

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2. If you are currently taking any medication, please state:

.....

3. Please give details of the most recent operations or injuries (within the last 2 years) including dental work:

.....

4. Please list previous aesthetic procedures (dermafillers, laser, peels, threads...):

.....

5. Do you have any history of anaphylactic reaction? ☐ Yes ☐ No

6. Do you have a known sensitivity to Lidocaine (numbing agent commonly used by dentists or doctors)? ☐ Yes ☐ No

7. Do you have a known hypersensitivity (allergy) to hyaluronic acid or any other injectable dermoaesthetic product? ☐ Yes ☐ No

8. Is there any possibility of pregnancy or are you breastfeeding? ☐ Yes ☐ No

9. Do you have any acute or chronic skin disease in / or near the area to which you require the treatment? Please state:

10. Do you suffer from herpes simplex (cold sores)? ☐ Yes ☐ No

11. Are you taking steroids, aspirin, warfarin or anticoagulants (medication to minimise blood clotting)? ☐ Yes ☐ No

12. Known allergies:

.....

I have provided accurate and correct information.

Signature:

Date:

PATIENT CONSENT

I have been told that reactions such as redness, oedema, pain and itching may follow treatment, as may an acne like eruption. All these reactions are linked to the procedure itself and usually resolve after few days. All injectable treatments may cause bruising. Hardening or nodules may appear at the point of injection. I was also informed about very rare cases, as described in literature, of discolouration at the injection point, necrosis of glabellar area, vascular occlusion, intraocular complications and hypersensitivity after hyaluronic acid injections. All side effects must be reported to the practitioner as soon as possible. Patients who have had herpes simplex (cold sores) in the past should note that there is always a risk that injecting any product around lip area and / or previously affected areas may cause the herpes to flare up again.

I understand that the result of the treatment is variable and that the outcome of the treatment cannot be guaranteed. I understand that I may require a series of treatments to achieve the desired result. After treatment, I will follow the advice given by my practitioner to achieve satisfactory aesthetic results. I realise that if I do not follow this advice, the end result may be less optimal. I am aware of the importance of follow-up care and my own responsibility.

How and when IBSA's products should be used, treatment procedure, limitations, the applicable contraindications and possible undesirable effects have been explained to me. I have replied in all honesty to all questions about my medical and aesthetic history. I have been given the chance to ask all the questions I wanted and I have received satisfactory replies to all of them. Now that the procedure has been fully explained to me, I consent to have the injectable treatment.

Patient signature:

Date:

[illegible][illegible]

