

Consent Form

First Name: _____ Surname: _____

D.O.B: _____ Contact Tel: _____

PhilArt, **PhilArt Eye**, **PhilArt Hair** all contain Polynucleotides with High Purification Technology (HPT) to help promote skin rejuvenation. **PhilArt Next** contains Polynucleotides, non-crosslinked hyaluronic acid and mannitol to promote collagen synthesis and reduce hyaluronic acid degradation. **PhilArt PN-HPT®** has both hydrating and viscoelastic properties.

PhilArt PN-HPT® promotes fibroblast proliferation and viability, enabling collagen stimulation.

PhilArt polynucleotides trigger the body's natural collagen production, which helps to improve the texture and tone of the skin. Polynucleotides also enhance the skin's natural ability to retain moisture, resulting in a more hydrated and youthful appearance.

Please tick to confirm products used:

☐ **PhilArt** can be used to treat both body and face, including the neck, décolletage, the delicate eye area, back of hands, abdomen, thighs, gluteal area, knees, arms, stretch marks across the body and fibrous tissues such as scars.

☐ **PhilArt Eye** can be used to treat the eye orbit and delicate areas of the face.

☐ **PhilArt Hair** can be used to treat the scalp and eyebrows.

☐ **PhilArt Next** can be used to treat both body and face, including the neck, décolletage, back of hands, stretch marks and fibrous tissue such as scars.

Recommendations and treatment protocol

PhilArt is a temporary rejuvenation treatment. A course usually consists of 3 treatments, 2-3 weeks apart. However, your practitioner will be able to advise you of your personal, individualised treatment plan.

A review of the treatment may be offered from 4 - 6 weeks.

A course of treatments may last up to 6 - 12 months, however, this is different for every patient.

Side effects and complications include, but are not limited to:

- Pain or stinging whilst the injection is performed.
- Injections around the lip area could trigger a recurrence of facial cold sores (herpes simplex infections) for patients with a history of prior cold sores.
- Localised swelling, redness and/or tenderness.
- Bleeding at the sites of injection.
- Bruising - maybe severe in rare cases and may persist for several days.
- Welts where injected generally disappear within a short period of time, however may still be visible after a few days.

Rare Side Effects

- Persistent tingling, pain, swelling, or inflammation.
- Infection (can occur within days or as long as months).
- Allergic reaction or delayed sensitivity reaction - not recommended for people with fish allergies.
- Compression / Vascular Compromise - the blood supply to the skin may be interrupted by swelling or inadvertent injection into a vessel, causing pain and/or discolouration. This can lead to necrosis of the skin if not dealt with, skin damage and possible scarring. (Very rare).
- Other side effects which have not been mentioned could occur.

Precautions and contraindications

- **PhilArt** should not be used in patients under the age of 18.
- **PhilArt** must not be administered to patients with the following:
 - Ongoing herpes infection
 - Infection
 - Previous or ongoing auto-immune diseases affecting the immune system, or patients currently undergoing immunotherapy
 - Serious allergies
 - Allergies to any of the product components
- The risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin and non-steroidal anti-inflammatory drugs (e.g., Ibuprofen, Aleve, Motrin, Celebrex), high doses of vitamin E, and certain herbs (ginkgo biloba, St. John's wort).
- **PhilArt** must not be used in pregnant or breast-feeding women.
- Minimise exposure of treated area to sunlight or extreme heat/cold at least until all/any welts have subsided.
- Avoid alcohol and vigorous exercise 24 hours pre and post treatment.
- Do not wear make up on treated area for 12 hours.

For a full list of the risks and adverse events associated with the use of the product consult the instructions of use.

Statement of Consent

I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and additional treatments may be necessary to maintain the desired effect.

Topical anaesthetic cream may be offered to me by my practitioner.

To the best of my knowledge, I am not pregnant, and I am not breastfeeding. I give my informed consent for **PhilArt PN-HPT®** to be used today as well as future treatments as needed. I understand this is an injectable PN treatment and that the treatment will be individual to my needs as agreed between me and my practitioner.

I understand that whilst I have been advised as to a probable result, this should not be interpreted as a guarantee.

I have been informed of the possible side effects and complications that are associated with this procedure. It is possible that side effects not described may occur, and that should this happen I must inform my practitioner immediately.

I confirm that I have been provided with verbal and written information about this treatment, which includes aftercare and follow up advice, and that the decision to be treated is my own and totally voluntary.

I agree to follow the aftercare advice and understand this reduces risk of adverse reactions and helps ensure optimum results.

I understand information about me will be treated as confidential and access to it restricted in accordance with the Data Protection Act, unless specific permissions given.

Please confirm the below:

- ☐ I have informed my practitioner of any surgical treatments that I have undergone in the last 5 years.
- ☐ I have informed my practitioner of my medical history and any existing allergies.
- ☐ I agree to my photo being taken and stored for the purpose of medicolegal notes.

PATIENT CONSENT

I am of sound mind and have the capacity to give informed consent to _____
to treat me. I also understand I may withdraw my consent at any time. [name of practitioner]

Patient's signature: _____ Date: _____

MEDICAL PRACTITIONER

I _____ confirm that I have fully informed the above named patient about the risks and benefits of treatment with **PhilArt PN-HPT®**

- ☐ I am providing this treatment for medical reasons.
- ☐ I am providing this treatment for aesthetic reasons.

Practitioner's signature: _____ Date: _____

N.B. This form should be used following a full consultation and medical history with your practitioner. At each treatment interval, any changes to your medical history should be noted. An additional clinic consent form may be required.