

ENDOPEEL TECHNIQUES INFORMED CONSENT

I, _____, understand that I will be injected with a preparation containing **carbolic acid** 5% mixed with **arachidonic acid** coming from **peanuts oil** in the area of to get an early onset of **lifting** with late onset of **skin rejuvenation** and **peeling**.

The injected muscles temporarily will change of shape and increase their tonus without affecting them by any paralysis and/or atrophy .

Endopeel techniques injections are under medical responsibility of the physician, as they are in Europe **off label use** and in other countries in label with some specific commercial products.

Endopeel techniques injections into the small muscles causes those specific muscles to **stretch** the area (without being paralyzed), thereby improving the appearance of the **wrinkles** more in the static outlook than in the dynamic outlook .

I understand the goal is to lift, stretch and ,, iron,, the treated area giving it too a nice **skin rejuvenation** effect .

The effect is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more long term treatments are also available.

The possible side effects of Endopeel injections include but are not limited to:

1. Risks: I understand there is a risk of **swelling**, rash, headache, local numbness, pain at the injection site, **bruising, ecchymosis** and **allergic reaction**.
2. Infection: Infections are rarissime but can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.

3. Most people have lightly swollen **pinkish bumps** where the injections went in, for a couple of hours or even several days.

4. **Ecchymosis** can persist for several days or weeks.

5. **Local numbness**, rash, pain at the injection site.

6. **Tightness** or irritation of the skin.

7. **Bruising** is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.

8. Treatments: I understand more than one injection may be needed to achieve a satisfactory result.

9. Another risk when injecting carbolic acid around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in rarely.

10. I will follow all **aftercare instructions** as it is crucial I do so for healing.

As **Endopeel** is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the **Endopeel techniques** than others. In most cases this uneven appearance can be corrected by injecting more product in the same or nearby muscles. However in some cases this **uneven appearance** can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with **Endopeel** as there are both known and **unknown side effects** associated with any medication or procedure.

Endopeel should not be administered to a pregnant or nursing woman.

Additionally,

The number of milliliters injected is an estimate of the amount of Endopeel products required to lift the muscles. I understand there is **no guarantee of results of any treatment**. I understand the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing **informed consent** and agree to the treatment with its **associated risks**. I hereby give consent to perform this and all subsequent Endopeel treatments with the above understood. I hereby release the doctor, the person injecting the Endopeel products and the facility from liability associated with this procedure.

I have been informed by my physician more than three weeks ago during a first visit consultation which had a minimum duration of seventy five minutes.

I have got enough time to think about, ask many questions to my physician and the time between the first consultation as the first session of endopeel has been a minimum of three weeks .

I have not any more questions to ask my physician and I do agree fully to get the treatment as sessions.

I also do agree with the price of which has been given by my physician more than three weeks ago during the first consultation.

Patient Signature _____ Date: _____

Physician Medical Assistent and/or Nurse Medical Testimonee