

DOCTOR _____
LAST NAME _____ FIRST NAME _____
ADDRESS _____
PHONE _____

**CONSENT FORM FOR THE FILORGA PRODUCTS:
ART FILLER®, NCTF®, MHA-18®**

THIS DOCUMENT HAS BEEN GIVEN TO:

LAST NAME: FIRST NAME:
DATE OF BIRTH: / /
ADDRESS:
PHONE:

If you consent to the proposed treatment plan, the injections will be carried out personally by Doctor, registered with the Board of the Medical Association under No. and is guaranteed for professional civil liability in aesthetic medicine procedures.

As a procedure with an aesthetic objective, no payment can be made by the French national health insurance system, including for any discontinuation of professional activity.

The use, indications, contraindications and potential adverse effects of the ART FILLER® hyaluronic acid implants, the mesotherapy treatment with NCTF® and deep hydration with MHA-18® have been explained to me. I answered all of the questions I was asked truthfully with regard to my medical and aesthetic history. I was able to ask all the questions I wanted and was given satisfactory answers.

I noted for all injections that:

- Inflammatory reactions such as redness, oedema, haematoma, itching or pain upon pressure can occur after the injection.

In case of fillers injections:

- The lips are a particularly sensitive area and subject to short term oedema.

- Rare cases of indurations and nodules, coloration of the injection zone, necrosis, abscess, granuloma and hypersensitivity have been described in the literature.

These reactions can persist for one week; reactions occurring beyond that or the onset of any other adverse event must be reported as soon as possible. The doctor who performed the procedure will offer you a suitable treatment, which may require a treatment lasting several weeks.

The Doctor has given you all of the information about any complications regarding this type of procedure, the possible adverse events, the minor inconveniences and any known risks inherent to this medical procedure. If any of these points is still not understood, you must tell your doctor. By signing this document, you acknowledge that you have made your choice as a fully informed individual.

Done on: / /

Doctor's signature:

"I, the undersigned,, declare that I have been made aware and perfectly understand the information communicated about the injections given for aesthetic reasons, and expressly accept without reservations, after taking time for reflection, that the Doctor give me the injections. I agree to follow all of the recommendations and prescriptions of the Doctor afterwards".

Done in:
On / /

Signature (preceded by the mention "read, understood and approved")