



INFORMED CONSENT FORM FOR THE OPTIPHI® SKIN REJUVENATION TREATMENT

1. I, the undersigned _____ (full names), hereby give my consent for the performance of the **optiphi**® Skin Rejuvenation Treatment (chemical skin peeling) process upon myself/my dependent _____ (insert name).
2. My physician/medical skin care professional/skin care therapist has provided me with a general explanation of the nature of the **optiphi**® Skin Rejuvenation Treatment and the reasons for its indication for my particular condition.
3. My physician/medical skin care professional/skin care therapist has also discussed with me the risks, benefits and contraindications of the **optiphi**® Skin Rejuvenation Treatment. I have also read through and understood **ANNEXURE A** to the **optiphi**® Skin Rejuvenation Treatment, which explains some of these aspects of the treatment. Some of the contraindications and risks of treatment include, but are not limited to, the following:

Contraindications:

- Use of Isotretinoin (Accutane/Roaccutane/Oratane) in the last 6 months
- Active herpes simplex (cold sores)
- Facial warts
- Pregnancy (including a suspected or planned pregnancy)
- Keloids or hypertrophic scars
- History of sun allergies/photosensitivity
- Prior bad reaction to a chemical peel
- Recent radiation treatment for cancer
- Sunburn or significant sun exposure during the last two days
- Surgery or cryosurgery within the last month to or near the area to be treated with **optiphi**® Skin Rejuvenation Treatment
- Existing inflammation, irritation or infection of the skin

Risks:

- Slight or extreme redness, swelling, stinging, itchiness, tenderness, dry or flaking skin.
- Darkening of areas of skin (pigmentation) – more likely if sun exposure occurs. Chemical peeling agents may leave the skin more sensitive to the sun. It is important to protect the skin, and to apply a broad-spectrum sunscreen of at least SPF 15 for a week after having the treatment done. Any good routine skincare regime includes the daily use of a broad-spectrum sunscreen product.
- Cold sores (herpes simplex virus) – should there be a pre-existing history of fever blisters, it can be re-activated by chemical peels. It presents as a group of blisters, usually around the mouth, and might require treatment with an oral medication prescribed by a medical practitioner.
- Slight breakouts may occur - bacterial infection requires antibiotics.
Allergic reactions – in seldom cases, allergies have been reported to agents used during chemical skin peeling. Allergic reactions may require additional treatment.



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4. My physician/medical skin care professional/skin care therapist has also explained that I can generally expect the following consequences and complications as a natural result of undergoing the **optiphi**® Skin Rejuvenation Treatment, although some of these may not occur. These consequences and complications include, but are not limited to, the following:

- this is a superficial type of peel that normally creates, at most, only mild redness with occasional areas of flaking or peeling skin. Depending on my skin, this may last 2-7 days.
- _____
- _____
- _____
- _____
- _____

(physician/medical skin care professional/skin care therapist will list)

5. My physician/medical skin care professional/skin care therapist has explained alternatives to undergoing the **optiphi**® Skin Rejuvenation Treatment including alternative measures that may be deemed necessary or desirable during the course of the **optiphi**® Skin Rejuvenation Treatment process, also inclusive of:

- _____
- _____
- _____
- _____
- _____

(physician/medical skin care professional/skin care therapist will list)

6. My physician/medical skin care professional/skin care therapist has also explained to me that other physicians and/or medical skin care professionals and/or skin care therapists will/may participate in my **optiphi**® Skin Rejuvenation Treatment. I therefore extend this authorization to these said other individuals. Although unlikely, in the event that my physician/skin care professional/skin care therapist is not available to perform the **optiphi**® Skin Rejuvenation Treatment, I understand that this authorization is likewise extended to these individuals. If possible, however, I will be notified of the substitution.

7. I acknowledge that I have been independently informed of my/my dependant's health status, the range of treatments generally available to myself/my dependant, the benefits, risks, costs and consequences generally associated with each option, my right to refuse the **optiphi**® Skin Rejuvenation Treatment.

8. After discussing all of the above, my physician/medical skin care professional/skin care therapist gave me an opportunity to ask questions and seek further information regarding the above items. I believe that I do not require further information at this time, and I am prepared to proceed with the recommended **optiphi**® Skin Rejuvenation Treatment. I believe that my physician/medical skin care professional/skin care therapist has honoured my/my dependant's right to make my/their own informed decision, and give my consent voluntarily and freely, and certify that I can give valid consent.



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I understand that I can revoke this consent at any time up until the time the **optiphi®** Skin Rejuvenation Treatment is started.

9. I **authorize/do not authorize** taking of pictures before and after the treatments. If authorized: I consent to their use for instructional, scientific, and educational and research purposes. However, these photographs will not identify me by name and my name will not be revealed without my specific written consent.
10. I acknowledge that I/my dependent has been informed of all the above in a language understood by me/my dependent



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I HEREBY GIVE MY UNRESTRICTED INFORMED CONSENT FOR THE PROCEDURE.

PATIENT/PERSON AUTHORIZED TO SIGN FOR PATIENT (IF UNDER 18)

Signature

Print name

Signed at _____

on this the ____th day of _____ 20__.

WITNESS

Signature

Print name

Signed at _____

on this the ____th day of _____ 20__.



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ANNEXURE A

It is important that you read the information carefully and have all your questions answered before signing the consent form. Also please initial each page, with full signature on the last page of the document.

Purpose of Document

The informed consent form has been compiled to assist the medical skincare professional to inform the client about the chemical skin peeling procedure, its risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of the most patients in most circumstances. It is vital that consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Patients are advised to have all concerns addressed through consultation before having the treatment done. Your medical skincare professional may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge. It is important to read the contents of the document carefully and fully. Please initial each page, which serves to indicate that you have read and understood the contents of each.

Introduction

Chemical skin peeling has been performed for many years to treat a variety of skin conditions. Some of these include sun damage, wrinkles and uneven pigmentation. It is a non-invasive procedure used as an important tool in skin rejuvenation.

Superficial chemical peels are topical exfoliants applied to the skin to soften the dead skin layer and exfoliate the skin. Stimulating cell turnover will help to restore the skin to a more youthful appearance. Many skin conditions can be improved when receiving a series of peels: wrinkles & fine lines, uneven pigmentation, uneven skin texture, sun damage, aged skin, acne scarring. Because these peels are superficial there is no downtime.

Potential Risks and important consideration of Chemical Skin Peeling

There are potential risks and complications associated with chemical skin peels and treatments, as are typical with any other form of surgical procedure. An individual's choice to undergo the procedure is based on a comparison between risk and benefit. Although the majority of patients do not experience these complications, it is vital that they are discussed with the skincare professional to ensure you understand and have clarity on each. Possible side effects/complications include and are not limited to:

- Slight or extreme redness, swelling, stinging, itchiness, tenderness, dry or flaking skin.
- Darkening of areas of skin (pigmentation) – more likely if sun exposure occurs. Chemical peeling agents may leave the skin more sensitive to the sun. It is important to protect the skin, and to apply a broad-spectrum sunscreen of at least SPF 15 for a week after having the treatment done. Any good routine skincare regime includes the daily use of a broad-spectrum sunscreen product.
- Cold sores (herpes simplex virus) – should there be a pre-existing history of fever blisters; it can be re-activated by chemical peels. It presents as a group of blisters, usually around the mouth, and might require treatment with an oral medication prescribed by a medical practitioner.



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- Slight breakouts may occur - bacterial infection requires antibiotics.
- Allergic reactions – in seldom cases, allergies have been reported to agents used during chemical skin peeling. Allergic reactions may require additional treatment.



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Contraindications to chemical peels: If you have any of the following, a peel should not be done at this time and you must notify your medical skincare professional immediately:

- Use of Isotretinoin (Accutane/Roaccutane/Oratane) in the last 6 months
- Active herpes simplex (cold sores)
- Facial warts
- Pregnancy (including a suspected or planned pregnancy)
- Keloids or hypertrophic scars
- History of sun allergies/photosensitivity
- Prior bad reaction to a chemical peel
- Recent radiation treatment for cancer
- Sunburn or significant sun exposure during the last two days
- Surgery or cryosurgery within the last month to or near the area to be treated with optiphi® Skin Rejuvenation Treatment
- Existing inflammation, irritation or infection of the skin

Additional treatment

There are multiple factors that influence the long-term results of chemical skin peeling. Even though complications occur infrequently, the risks cited are the ones that are most common. Should complications occur, additional treatment and measures might be required. Although good results are expected, unfortunately they cannot be guaranteed.

What to do before your peel

1. Do not apply Renin-A, Renova, Tazorac, and/or Differin 2 weeks prior to and 2 weeks after your treatment, to the treatment area or as instructed by your medical skincare professional.
2. Do not sun tan or use the tanning bed 2-4 weeks prior to and 2-4 weeks after your treatment.
3. Stop any type of depilatory treatments (waxing, depilatory creams) to the area of treatment, 2 weeks prior to and 2 weeks after your peel.
4. Stop electrolysis, and any type of laser treatments (laser hair removal, IPL) to the area of treatment, 2-4 weeks before and 2-4 weeks after your peel, or instructed by your medical skincare professional.

Chemical Peels Post Treatment

1. Patients may experience tightness and smoothness immediately post-peel. Peeling usually begins 1-2 days after peel and can extend up to 7 days.
2. Do not use prescriptive topical, abrasive scrubs or stronger exfoliants 3-5 days pre and post treatments
3. With any peel, your skin may start to peel 1-3 days after the peel and continue to peel for 2-5 more days; however, it is also possible your skin may not peel at all.
4. Do not peel, pick or scratch the treated area, as this may result in scarring.
5. Do not have any other facial treatments for at least 2 weeks after your peel or until the skin is smooth and back to normal.
6. No prolonged sun exposure 2 weeks prior to or 2 weeks post treatments. Always wear your sunscreen as instructed.