mesoestetic®
Pharma Group

INFORMED CONSENT
MESOESTETIC® C.PROF 231 DUTEXOME SOLUTION

I, Mr/Mrs/Ms_____ with date of birth ___/___/___, and address at _____ with ID number _____, I am interested in undergoing mesoestetic® capilar **c.prof 231 dutexome solution**® treatment.

BRIEF DESCRIPTION OF THE TREATMENT

The mesoestetic® **tricology** anti-hair loss range is designed to repair and revitalize the hair and scalp for men and women. The professional treatment plan includes a consultation with a specialist and a home routine to ensure optimal results.

The in-booth protocol involves the application of **c.prof 231 dutexome solution**, an exclusive formula comprising aloe vera exosomes, dutasteride 0.05%, copper tripeptide, biotin, and other B vitamins such as dexpanthenol and pyridoxine. This solution is designed to control hair loss. This product is part of the **meso.prof®** range, a wide range of solutions for transepidermal application with a proven safety and efficacy record. Microneedling is a minimally invasive medical-aesthetic procedure that involves the generation of microchannels in the skin with a device equipped with sterile microneedles, such as the **m.pen [pro]** from mesoestetic®, with the aim of increasing the absorption of active substances, thus offering a more effective result than simple topical application.

The complementary home treatment for hair loss control includes a redensifying and revitalizing hair lotion (**tricology lotion**), a hair shampoo that fortifies and energizes the scalp (**tricology shampoo**), and a daily food supplement (**triocology caps**).

CONTRAINDICACIONES

- Individuals under eighteen years of age
- Pregnant or breastfeeding women.
- Individuals with gestational desire during the treatment period and 6 months thereafter.
- Individuals not using contraceptive measures, such as condom use.
- Individuals with hypersensitivity to the active substance or other 5 alpha-reductase inhibitors, or any of the ingredients of the products.
- Individuals with active autoimmune diseases or undergoing immunotherapy.
- Individuals with multiple severe allergies or ongoing inflammatory processes.
- Individuals with coagulation disorders.
- Individuals with severe liver failure.
- Individuals with active infections in the area to be treated.
- Individuals with unstable psychological profile.

I DECLARE that the following points have been explained to me:

– The professional has determined that the recommended treatment is the most appropriate, although other options may be considered in different circumstances. I have had the opportunity to discuss

these alternatives with the professional. Considering the advantages and disadvantages of each of them, I have chosen the treatment described above.

- The estimated number of sessions and/or the quantity of product deemed necessary to achieve the desired effect is indicative and cannot be precisely determined in advance due to the differences in absorption/reaction response to treatment may vary among individual patients.
- The professional explained that to achieve better results and enhance and prolong the outcomes obtained during the consultation, it is essential to conduct thorough post-treatment follow-up and adhere to the prescribed home care routine with the recommended products.
- The professional has informed me that if I am taking anticoagulant medication, I may be at risk of ecchymosis or significant bleeding around the injection site. Therefore, it is recommended that I consult with my treating physician about the possibility of pausing the anticoagulant treatment at least 7 days prior to undergoing microneedling.
- In the 24 hours following the treatment session, avoid applying products on the scalp and wash the hair, direct and excessive exposure to natural or artificial light, heat sources, saunas, and swimming pools should be avoided.
- As a precautionary measure, it is important to note that, as a topical treatment, discontinuation of the medication is advised for pregnant or lactating women, as well as those who may become pregnant within the next six months. In the event that a man is in a relationship with a pregnant or potentially pregnant partner, it is essential to utilize barrier protection during sexual intercourse to prevent exposure to semen, as dutasteride has the potential to impact the normal development of the fetus.
- Despite the appropriate selection and execution of the technique, the potential **RISKS AND COMPLICATIONS** inherent to this treatment may still occur. I have been informed of the following major risks:
  - Risks and complications common to any aesthetic treatment, among others: allergic reactions to the substance used (generally mild, which remit under adequate treatment or even without treatment).
  - Risks and complications specific to this treatment that have been explained to me and that I assume and accept sensation of helmet, pain, itching, burning, erythema, appearance of hematomas, inflammation, prefrontal edema, bumps on the scalp; all of them of a transitory nature.

    In the event that an inflammatory reaction persists beyond one week or if any other adverse reaction occurs, the responsible physician must be informed immediately. The physician will then provide appropriate treatment and inform the manufacturer.
- Furthermore, I have been informed that it is important to inform about my personal history of drug allergies, current medications, pregnancy or breastfeeding, history of facial herpes simplex, personal or family history of keloids or any other circumstances. Post-treatment risks or complications may arise or exist due to my personal circumstances, previous health status, age, profession, etc. Other risks or complications that may appear considering my personal circumstances, previous health status, age or profession are: _____

I ACKNOWLEDGE that the objective of the treatment is to enhance my appearance, with the understanding that some imperfections may persist, and the outcome may not align with my expectations. I am informed that the aesthetic results of the treatment are influenced by factors such as hormonal or vascular changes, genetic predisposition to hyperpigmentation, prior depigmentation treatments, accumulated sun exposure, and the presence of concomitant conditions (e.g., food intolerances). I recognize that absolute perfection or safety cannot be guaranteed in aesthetic treatments. I understand that the results may not meet my expectations and acknowledge that no such guarantees have been provided.

I RECOGNIZE that during the course of treatment, unforeseen conditions may arise that could necessitate a modification of the initially planned course of treatment. In the event of complications arising during treatment, I authorise the center to seek the necessary assistance from additional specialists, in accordance with its professional judgment.

I UNDERTAKE to diligently adhere to the professional's instructions before, during, and after the treatment, and I accept full responsibility for following the post-treatment measures recommended by the reference center.

I ACKNOWLEDGE that I have fully disclosed all relevant information in my medical and surgical history, with particular attention to allergies, personal illnesses, and any associated risks, without omission or alteration.

I AUTHORISE the taking of photographs of the treated area, which may be utilized for scientific, educational, or medical purposes. I understand that the use of these photographs will not constitute a violation of the privacy or confidentiality to which I am entitled.

I HEREBY CONFIRM that I have comprehended the explanations provided to me in clear and straightforward language. The attending professional has afforded me the opportunity to voice all observations and has thoroughly addressed all questions and concerns I have raised. I have been duly informed, have understood, and accept the scope, risks, and contraindications outlined for the treatment. Furthermore, I confirm that I have fully understood this CONSENT DOCUMENT and agree with each of its provisions. I have also been informed of my right to decline treatment or revoke this consent at any time.

Under these conditions, I **CONSENT** to the professional _____ and his/her team conducting the treatment known as **c.prof 231 dutexome solution®** by mesoestetic® on me.

In _____ on date _____.

Signed: The interested party/legal representative

Signed: The Professional