

Information and Consent for Exosomes for Skin Treatment

E-50 Exosomes: Marine-Derived Skin Booster

Important Background to the Consent Process

Your clinician wishes to help you make an informed decision about your treatment options and any relevant alternative options. You may at any time decline treatment even after giving your consent.

Whilst your clinician will make every effort to understand what significance you would attach to any particular risk it is important to us that you feel comfortable enough to question the clinician on any point of concern during this process. Please feel you have as much time as you wish to reflect on the information given before agreeing to proceed with the treatment.

Purpose of Treatment

You have presented with concerns which have formed the basis of a clinical discussion and examination. The purpose of the proposed treatment is to address your concerns either individually or in combination with other modalities of treatment.

Outcomes

Your clinician will endeavour in good faith to employ the principles of best practice in delivering your treatment. Each patient is individual and response to treatment will vary from patient to patient and treatment to treatment. As such it is difficult to guarantee outcomes will always meet your expectations.

Background Information

The E-50 Skin Booster for Skin Treatment is an innovative procedure aimed at revitalizing and rejuvenating the skin's texture and appearance. E-50 contains exosomes which are cell-to-cell communication mediators derived from salmon to promote youthful, healthy skin. Combined with hyaluronic acid, growth factors and peptides this unique formulation promotes collagen production, enhances skin elasticity, diminishes the visible signs of ageing, reduces inflammatory conditions and accelerates healing.

Recommendations and treatment protocol

The effectiveness of the E-50 Skin Booster treatment may vary depending on individual factors such as age, skin type, lifestyle, and overall health. While this treatment aims to improve skin appearance, specific outcomes cannot be guaranteed.

Aftercare and Follow-Up

Repeat sessions will be required to achieve and maintain optimal results. The number of sessions recommended will depend on individual skin conditions and goals.

Following the E-50 Skin Booster treatment we recommend: avoiding makeup application for 48 hours after the treatment, staying away from extreme temperatures and saunas, and minimizing

direct sunlight exposure. These protocols are essential to minimize possible negative reactions and enhance the overall treatment outcome.

As individual responses to treatment vary no refunds will be given due to unsatisfactory results. However, in the unlikely event of any complications directly resulting from the treatment, you will be eligible for appropriate follow-up care as determined by my physician.

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

As with any medical procedure, the E-50 Skin Booster for Skin Treatment carries certain inherent risks and potential complications, which may include but are not limited to:

- Temporary skin redness, swelling, or bruising at the treatment site.
- Slight discomfort during the application of the treatment.
- Unsatisfactory results based on individual skin characteristics.
- Rare possible allergic reactions to specific components of the E-50 Skin Booster.
- Rare, unforeseen risks that may emerge over time.

Important Considerations

Every care is taken to deliver the treatment in a manner which will minimise risk, however you should be aware of the risks, as one may exist upon which you place particular significance.

Patients are advised to take in to account all these potential risks before consenting to treatment. Please make your clinician fully aware of your expectations prior to giving consent.

Safety Profile

When administered by a trained professional, E-50 Skin Boosters are generally considered a safe procedure, but as with any treatment, there are risks.

E-50 Exosomes are collected from the fibroblast cells of salmon testes and then cultivated allowing them to thrive and retain their unique properties. Purified using ENTR® Technology the final product is homogenous and pure.

Contraindications and Relative Contraindications to treatment

I confirm that I do not have any of the following conditions:

- Known allergies to any components in E-50 Skin Booster for Skin
- Known allergies to fish
- History of severe allergic reactions
- History of cancer, active cancer or undergoing cancer treatment
- Pregnancy or breastfeeding
- Autoimmune disorders, as E-50 Skin Booster may potentially trigger adverse reactions in individuals with autoimmune conditions

Your clinician will also discuss the suitability of treatment having considered your medical history and any medications you currently take, as appropriate. As such, it is imperative you disclose such medications at the time of your treatment.

Should you feel unwell following your procedure it is important to seek specialist medical advice immediately. In the first instance call our Clinical Team on one of the numbers below.

Occasionally, the phone will be directed to our emergency out of hours service who will contact Dr Curran or another member of the clinical team. Dr John Curran can also be contacted directly in the event of an emergency or difficulty getting in contact with the clinic.

Jersey 01534 625090 Guernsey 01481 736699 (Mon-Fri 08.00 to 17.30)

Dr Curran's Mobile 07781 165797

Consent Statement for E-50 Skin Booster

Consent Confirmation

To help us assess that we have listened, and responded, to your concerns and preferences and have given you sufficient information in the way that you want and can understand it would be helpful to confirm the following statements:

1. I can confirm that I understand the treatment proposed and any relevant alternatives and I am willing to proceed.
2. I have had sufficient time to appreciate the risks involved and in particular I can confirm the clinical team/clinician has worked with me to understand and discuss those risks to which I would attach particular significance.
3. I am of the opinion that my request for treatment is for medical reasons and/or the personal psychological features that are associated with my request. I have expressed my thoughts and feelings to the treating doctor and consent to the treatment for the purpose of maintaining my health and psychological wellbeing.
4. I have read this in conjunction with the information provided and I have had the potential risks and side effects associated with my treatment fully explained to me.
5. I acknowledge and understand that no guarantee or assurance can be made on the results I will get from the treatment.
6. I consent to the taking of photographs in the course of this procedure for the purpose of assessing my progress.
7. I am satisfied that I have sufficient knowledge of the treatment to give informed consent.

Patient has confirmed via E-Signature:

I confirm that I have discussed the treatment plan with the above patient and undertake treatment with the purpose of restoring or maintaining health, including the psychological wellbeing of my patient. I also confirm that I accept duty of care for my patient and the standard of care as set out by the GMC in Good Medical Practice/NMC/IMC/IDC/NMBI Guidelines. In doing so, I recognise my primary purpose and undertaking is to place the health and wellness of my patient as my first concern.

Clinician has confirmed via E-Signature: