

TREATMENT INFORMATION:

Plenhyage XL/Juvenus is an elastic, sterile, injectable, non-pyrogenic, resorbable gel made with polymerised polynucleotides (PDRN) of animal origin (wild salmon). Due to its hydrophilic and polyanionic nature, PDRN binds water molecules, filling intradermal spaces and making tissues firmer and more hydrated. Dermal and Ipodermal Bio-revitalisers/Skin Boosters represent an injecting medical technique involving inoculation by an intradermal or subcutaneous labile route (degradable) and biocompatible PDRN gel (composed of materials compatible with the human tissue). PDRN gel is injected into the specific area involved in the treatment to regenerate the tissue, compensate for a wrinkle, an irregularity, or a skin imperfection, or subcutaneous, or to improve the appearance of the required area, recreate harmony, and add three-dimensionality to make the appearance more pleasant and/or younger.

As these products are biodegradable, degradation of these products by the body can be total in a space that can vary from a few days to a few months or even a few years. This variability in sealing is linked to the product's and the receiving subject's characteristics. It is related to many factors that cannot always be ascertained beforehand.

The products chosen for the treatment have appropriate documentation in the scientific literature and follow a legislative procedure in the production and distribution phases according to the rules established by the EC (European Community) and imposed by Italian law. They are CE-marked.

MECHANISM OF ACTION:

Thanks to its biochemical properties, Plenhyage XL improves skin elasticity and is effective against photoaging signs, such as wrinkles, skin firmness, tone and elasticity, and lip atrophy (loss in lip volume). It is also effective in treating fibrous tissues, such as scars. The polynucleotide chain binds water molecules, has an anti-free radical action, and serves as a scavenger of hydroxyl radicals (OH), which accumulate under stress or due to foreign agents, such as UV radiation. Its hydration and anti-free radical activity help create the optimal environment for fibroblast growth, thereby restoring tissue elasticity.

This product can be used on various body parts: neck, cleavage, face (periocular area, cheeks, cheekbones), back of the hands, abdomen, thighs, and glutes.

SIDE EFFECTS:

The administration mode and the selected product may elicit local reactions, such as erythema (redness), oedema (swelling), and effects linked to needle-induced trauma, resulting in hematomas (extravasation of blood), which often resolve within a few hours or days with or without appropriate medical therapy. Rarely is it possible to have allergic reactions, infections, and granulomatous formations that persist even for long periods but are generally solvable.

In the literature, however, some permanent damage has been reported (skin necrosis, abnormal canalisation of the product in terminal arteries with embolism and serious consequences such as blindness). In treating the glabellar area (between the eyebrows), an eschar can occur (crust) with necrosis of the site by vascular compression procured by the implant. Therefore, I understood that the treatment with PDRN bio-revitalizers/skin boosters could be exceptionally 1 burdened by complications, which, in rare circumstances, could create damages that are not easily solvable or even permanent.

I was informed that in the days following the treatment, I might have bruises, redness, and oedema that fade to disappear in a period ranging from 3 to 10 days; these effects could be more pronounced or last for a longer period than the above.

I will contact the doctor and make a medical examination possible for any prolonged side effects or problems relating to the aesthetic outcome of the treatment.

PRE- AND POST-TREATMENT INDICATIONS:

The procedure can determine risks or complications for reasons not related to the excellent work of the Doctor/Practitioner; therefore, they cannot provide precise guarantees regarding the outcome that can be obtained with this treatment and the duration of its effectiveness, as many factors can contribute to the premature degradation of the product.

All the pre-and post-treatment instructions with PDRN bio-revitalizer/skin booster given to me must be followed carefully, as they are essential for obtaining the result.

It will be necessary to declare to the Doctor/Practitioner without reservation his state of health, any allergies or intolerances, any medical aesthetic or surgical treatments previously performed in the implant area or the surrounding areas, as well as having used other types of fillers that could be responsible for an adverse event, to allow the doctor to assess any treatment contraindications, especially if permanent. They can refuse the treatment if the patient cannot provide specific information on past filler infiltrations.

For concerns, please contact: #01234 567890# or youremail@gmail.com

We would like to thank NATA (nataonline.co.uk) for their help in verifying that all the consent forms are complete.

Direct exposure to ultraviolet rays (sun exposure, lamps), heat (very hot showers, saunas, and Turkish baths), or intense cold in the four weeks following the treatment is not recommended, as are all traumatising manoeuvres (rubbing of the treated area, gommage, brushing, aesthetic therapies, etc.), and the use of inadequate detergents or cosmetics, which can increase the risk of side effects and can alter the pre-established therapeutic result.

Furthermore, it is not recommended to take significant amounts of alcohol and super alcohols for 10-14 days. Repeating the treatments to achieve the expected outcome is possible.

If there are any prolonged side effects or problems related to the result, it will be advisable to contact the Doctor/Practitioner for a check-up.

ACQUISITION OF SIGNATURE OF THE INFORMATION:

Therefore, it is essential that the explanations summarised here and amply illustrated by the Doctor/Practitioner are well understood and considered comprehensive by the patient.

CLIENT DECLARATION

I understand the above instructions.

I have read and understood the above and consent to treatment with the above polynucleotide products.

I will call the clinic and my practitioner immediately if I have any questions or concerns.

Client Name:

Client Signature: Date: