GLYTONE

PROFESSIONAL

by ENERPEEL®

PATIENT INFORMED CONSENT FORM

INFORMED CONSENT PROCEDURES

Prior to use of GLYTONE by ENERPEEL® treatment on any patient:

1) The Notes to Physician must be reviewed, including specifically the exclusion criteria which must be strictly adhered to, and
2) Healthcare professionals must obtain informed consent (sample language to be incorporated into your standard informed consent form is included) and
3) Healthcare professionals must include in their patient file the Patient Consent Form.

All liabilities are assumed by the Patient and healthcare provider for outcomes associated with the recommendation, use, treatment and follow-up with GLYTONE or GLYTONE by ENERPEEL® products.

Attachments: Patient Informed Consent Form (Attachment A)

EXCLUSIVE TO PHYSICIANS

Pierre Fabre
USA

Genesis Pharmaceutical, Inc. Parsippany, NJ 07054 USA 1-800-459-8663
Researched, Developed and Manufactured by: **General Topics s.r.l** Made in Italy
www.glytone-usa.com

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PATIENT INFORMED CONSENT FORM

These are suggested inclusions to be implemented into your current consent form

ATTACHMENT A

Informed Consent Form [to be downloaded to healthcare professional's office letterhead]
The patient declares that

- He/She consents to treatment with the GLYTONE by ENERPEEL® peel containing _____ acid
- He/She has been fully and completely informed of the exfoliation treatment with GLYTONE by ENERPEEL® product ____ _____, including all the possible side effects including pain and scarring
- He/She understands and does not meet any of the exclusionary factors
- He/She will comply with the post-treatment procedures to be followed including the required use of sunscreen, which is daily application during each day of treatment, including a peel series
- He/She was given informational literature and read & understood said informational literature including benefits/risks/outcomes and their suitability for the product
- He/She was given the opportunity to ask questions and these questions were answered to their complete satisfaction and understanding
- He/She understands the effect and nature of the treatment as well as possible alternative treatments
- He/She has been advised that although good results are expected, the product is not guaranteed to be effective nor can there be any guarantees against negative or unexpected outcomes
- He/She has not used Oral Isotretinoin within the past 6 months
- He/She has not used topical retinoids, including Differin (Adapalene), Retin-A (Tretinoin), Renova (Tretinoin), or Tazorac (Tazarotene) within the past 10-15 days
- He/She will not wax their face or other areas to be treated within 10-15 days prior to treatment and will not wax face or other treated areas during the course of treatment.

The Patient declares that he/she has thoroughly considered the information provided in the information leaflet, is knowledgeable of the chemical exfoliation procedure that will be carried out, and accepts the risk of a negative or untoward outcome including scarring and excessive pain. The Patient authorizes the above referenced exfoliation treatment.

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