Physician's copy

AQUAMID® CONSENT FORM

Name: _____

Address: _____

Date of birth: _____ Telephone: _____

Note: Patients answering YES to any of the questions marked with RED should NOT undergo Aquamid® injection. Always consult the Instruction For Use.

If the patient has any of the * marked medical conditions, the injecting physician should assess the patient's suitability for being injected. The patient may be injected in accordance with the physician's judgement.

MEDICATION

Are you currently taking:

- Antibiotics * Yes ☐ No ☐
- Systemic cortisone Yes ☐ No ☐
- NSAIDs on a regular basis Yes ☐ No ☐
- Anticoagulant treatment * Yes ☐ No ☐
- Other Yes ☐ No ☐

If yes, please indicate what is being taken and for what indication _____

_____

- Are you allergic to antibiotics Yes ☐ No ☐

MEDICAL HISTORY

Have you within the last 6 months:

- Undergone surgery Yes ☐ No ☐
- Undergone major dental work Yes ☐ No ☐

Are you suffering from any of the following diseases:

- Active herpes (cold sores) Yes ☐ No ☐
- Diabetes * Yes ☐ No ☐
- Active acne Yes ☐ No ☐
- Psoriasis Yes ☐ No ☐
- Active skin disease Yes ☐ No ☐
- Any systemic disease * Yes ☐ No ☐

If yes, please specify _____

- Autoimmune diseases Yes ☐ No ☐

If yes, please specify _____

- Are you pregnant Yes ☐ No ☐
- Are you breast-feeding Yes ☐ No ☐

PREVIOUS TREATMENT

Have you previously been injected with an absorbable filler? (Restylane, Perlane, Juvederm, etc.) * Yes ☐ No ☐

If yes: When _____

Which indication _____

Did you experience any problems with the treatment * Yes ☐ No ☐

If yes, please specify _____

_____

Have you previously been injected with a permanent filler? (ArteFill, Dermalive, Silicone, Bioalcamid, Sculptra, etc.) * Yes ☐ No ☐

If yes: When _____

Which indication _____

Did you experience any problems with the treatment Yes ☐ No ☐

If yes, please specify _____

_____

Do not inject Aquamid® in a site where another permanent implant or filler is present. If an absorbable filler has been injected in a site, wait until it has been completely absorbed (minimum 6 months) before injecting Aquamid®.

CONTURA INTERNATIONAL A/S
Sydmarken 23 · 2860 Soeborg · Denmark
Tel: +45 81 100 900 · Fax: +45 81 100 901
info@contura.com · www.aquamid.com

Ver 09.2012

AQUAMID®

Physician's copy

I _____ hereby authorise _____
(Patient's name) (Physician's name)

to perform Aquamid® injection(s) for the augmentation of _____
(Indications)

CONSENT

I fully understand that the Aquamid® implant, an injectable hydrogel containing 97.5% apyrogenic water and 2.5% cross-linked poly-acrylamide, produces a long lasting result and that this product is not absorbable and is not removable without the risk of visible scarring.

The details of the procedure have been explained to me in terms I understand. Alternative methods and their benefits and disadvantages have also been explained to me.

I also declare I have been fully informed of advantages and risks, general as well as specific, and of immediate or late complications that this procedure may bring.

- I have informed the physician of my medical history.
- I have informed the physician of all medications I am currently taking.
- I declare not to have previously undertaken a procedure using a permanent filler in the area to be treated, and I have not been injected with an absorbable filler in the area within the last 6 months.
- I am not currently pregnant or breast-feeding.

The physician has answered all of my questions regarding this procedure.

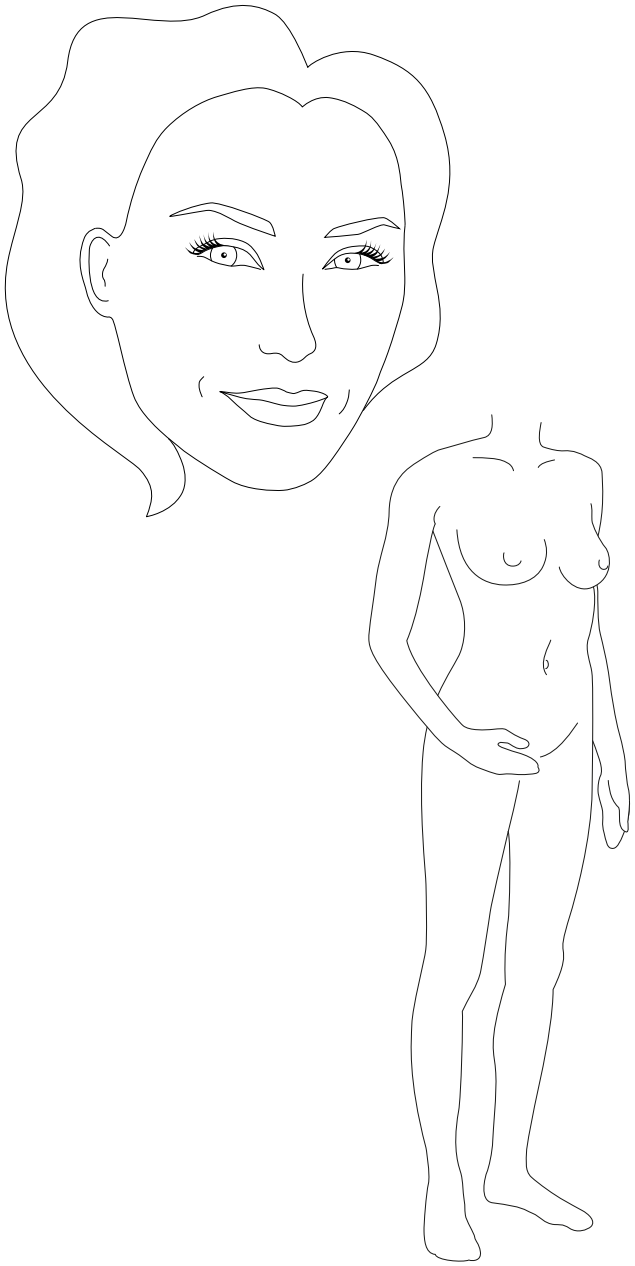
Satisfied with the information given, and after sufficient time for thoughtful evaluation, I consent to this proposed procedure using Aquamid®.

Date: _____

Patient's signature: _____

Physician's signature: _____

INDICATIONS



Indication: _____

Volume injected: _____

Date: _____

Physician's signature: _____

Please attach the sticker with the Aquamid® lot number from the syringe

Indication: _____

Volume injected: _____

Date: _____

Physician's signature: _____

Please attach the sticker with the Aquamid® lot number from the syringe

Note:

- Injections may cause transient, local reactions including slight redness, brushing, swelling, hematoma formation, itching and moderate pain.
- As with any transcutaneous procedure, there is a slight risk of infection when injecting Aquamid®.
- If symptoms such as tingling sensation, swelling or redness persists, a low grade bacterial infection should always be suspected.
- Do **not** treat with corticosteroids and/or NSAIDs as this may prolong and/or worsen the symptoms.

AQUAMID®

Patients's copy

I _____ hereby authorise _____
(Patient's name) (Physician's name)

to perform Aquamid® injection(s) for the augmentation of _____
(Indications)

CONSENT

I fully understand that the Aquamid® implant, an injectable hydrogel containing 97.5% apyrogenic water and 2.5% cross-linked poly-acrylamide, produces a long lasting result and that this product is not absorbable and is not removable without the risk of visible scarring.

The details of the procedure have been explained to me in terms I understand. Alternative methods and their benefits and disadvantages have also been explained to me.

I also declare I have been fully informed of advantages and risks, general as well as specific, and of immediate or late complications that this procedure may bring.

- I have informed the physician of my medical history.
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- I declare not to have previously undertaken a procedure using a permanent filler in the area to be treated, and I have not been injected with an absorbable filler in the area within the last 6 months.
- I am not currently pregnant or breast-feeding.

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Date: _____

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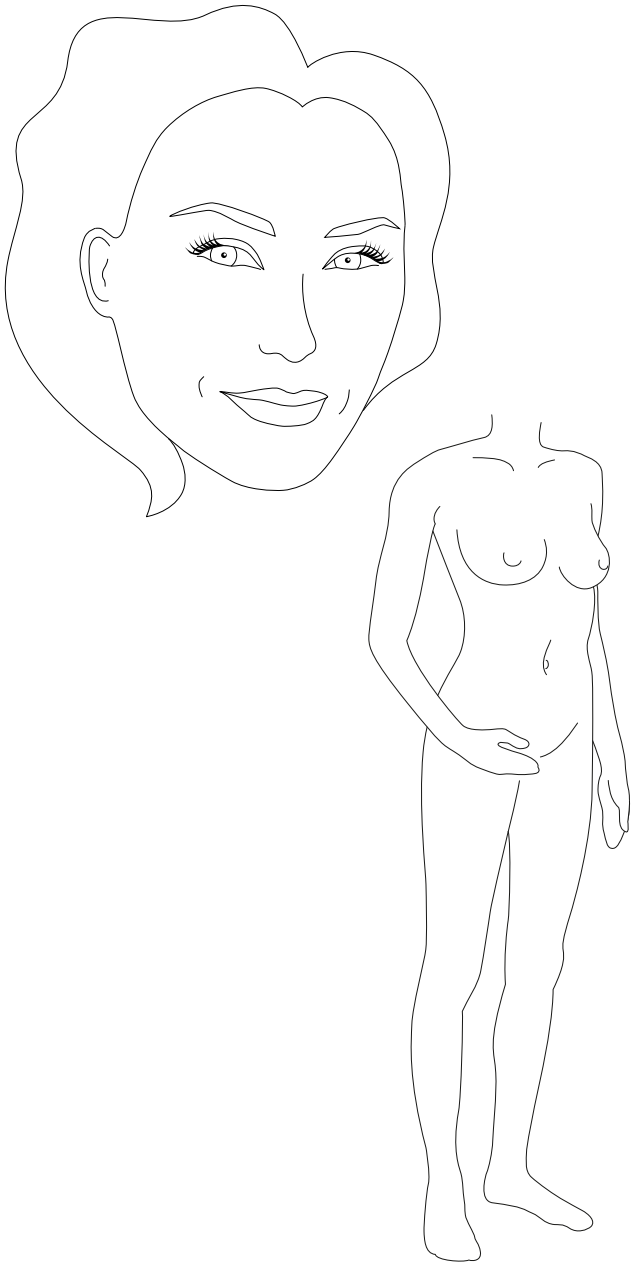
INDICATIONS



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Volume injected: _____

Date: _____

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- Do **not** treat with corticosteroids and/or NSAIDs as this may prolong and/or worsen the symptoms.

PATIENT INFORMATION

Thank you for choosing Aquamid®. Together with your physician, we would like to give you some advice to ensure you get the best results from your treatment and avoid complications such as bruising or infection around the injection site.

AFTER INJECTION

It is important to take the following precautions so as to avoid any complications.

- Do not touch the injected area for at least 6 hours
- Do not apply make-up or skin care products on the day of injection
- Do not shave on the day of injection
- Do not pierce or wax the injected area
- If you have been injected in the lips or near the mouth, do not kiss on the day of injection
- Avoid exposure to direct sunlight (including solarium and other sun tanning devices) or extreme cold conditions the first 4 weeks after injection. Avoid sunburn or frostbite in the area where Aquamid® is injected
- Avoid surgery and major dental work 6 months before and after injection. Should you need surgery or major dental work after injection, antibiotic treatment is recommended
- Do not undergo laser, waxing, peeling, skin resurfacing, lip tattoos, pigmentation, teeth bleaching using UV light or other aesthetic treatments until the skin surface has healed – at least for 6 months

IMPORTANT FACTS

Aquamid® is a permanent filler. To ensure that not too much Aquamid® is injected, it may be necessary to perform more procedures with a minimum of two week interval in order to achieve the best result. Your physician or clinic will be able to advise you on the best course of treatment.

As with any injection, you may experience local reactions including slight redness, bruising, swelling, hematoma formation, itching and moderate pain at the injected area. This is the body's normal, temporary response. The Aquamid® hydrogel is non-toxic and non-allergenic. However, it is possible that despite all precautions and expert treatment by your clinic, you may experience complications.

If the local reaction does not resolve, and you have persistent tingling sensation, swelling or redness, a local infection should be suspected and antibiotic treatment initiated immediately. You should therefore consult the physician or clinic, who performed the injection. If you are at all in doubt about your treatment, please consult your injecting physician. In case of any complication do not use corticosteroids or NSAID.

In very rare cases patients may experience hardening, lumps and nodules that emerge years post injection and are caused by effects following infections. This may lead to increased dermal sensitivity and pain in the injected area.

Always bring this consent form at any contact with health care professional related to your Aquamid treatment. This is especially important, if seeking medical advise from another health care professional than your injecting physician.

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