



REJURAN® TREATMENT INFORMED CONSENT



Name: DOB: Mobile:
Email: Home Address: Post Code:

Description of the treatment:

REJURAN® is an innovative injectable product for dermal rejuvenation made of wild salmon polynucleotide DNA fragments, extracted using our proprietary DOT™ technology (DNA Optimizing Technology). Unlike hyaluronic acid skin boosters, REJURAN® consists of bio-active DNA molecules that stimulate regeneration and repair damaged skin while reducing unwanted inflammation. REJURAN® increases the proliferation of fibroblast cells, promoting long-term elastin and collagen growth in skin. It can be used across the face and helps with many issues, including skin texture, elasticity, hydration, tone and colour, fine lines, oil production, pore size and acne scars. REJURAN® injectables are included in the Australian Register of Therapeutic Goods(ARTG) and exported in over 20 countries.

ADVERSE REACTIONS AND POSSIBLE COMPLICATIONS

- The procedure may result in minor redness, injection marks, small visible bumps, swelling, skin sensitivity etc., this will subside within 1~3 days. Minor flaking, dryness and peeling which may last several days.
Scabs may form but will fall off within a few days.
Development of infection that in rare cases could lead to scarring caused by picking, and failure to follow aftercare instructions.
After the procedure, avoid high-temperature environments such as saunas. Excessive massage should be avoided. Carefully apply sunscreen with a high SPF index to prevent pigmentation.
REJURAN® can be injected on the same day with cross-linked HA, however, each product should be injected in different planes. There can be rare occurrences of granuloma when low-quality cross-linked HA filler is injected in the same plane. A patient evaluation is needed before REJURAN treatment for those who have had different facial injections previously, as in some cases REJURAN® may only be recommended 3-6 months after the previous treatment within the same plane.

Acknowledgement:

- I have been informed and understand the information provided to me regarding the treatment, risks, possible results, potential side effects, and alternatives.
If I have disclosed any illness or condition that my doctor or practitioner considers may pose a risk, I understand that they may, in their absolute discretion, refuse to perform the treatment on me (or any other treatment) until such time that I provide medical clearance satisfactory to my doctor.
I have been informed about very rare cases, if REJURAN is administered to a layer that has previously received dermal filler (Cross-linked HA) injections, there can be occurrences of granuloma and hypersensitivity.
I acknowledge that no guarantees have been made to me regarding the outcome and effect of the Treatment once performed. I understand that I am paying for the Treatment only and not a guaranteed result as individual results may vary. I have been informed and understand that further treatment will be required to maintain the effects as the results are temporary. I accept that retreatment, if required, will be at my expense.

Name: Signature:
(Patient/Guardian) (Patient/Guardian)
Witness: Signature:
(Practitioner) (Practitioner)
Date: