Ellanse

I, the undersigned, hereby declare that I have discussed the nature of my current medical condition, the general nature of the requested and proposed treatment(s), the prospects for success and the possible risks and benefits of such treatment with my healthcare professional. I have also been given sufficient opportunity to address any questions and/or concerns, which have been satisfactorily addressed.

The planned procedure has been explained to me in sufficient detail. Alternative methods have also been explained to me, as have the advantages, disadvantages, risks and benefits. It has also been explained to me that although satisfying result are expected, these cannot be guaranteed. Although not anticipated, complications may occur, of which the nature and severity cannot be foreseen.

It has been explained that the results are not permanent, as the used product (EllANSé™) is a fully bioresorbable product.

The possible risks of this treatment include, but are not limited to: Poor cosmetic result, extrusion, infection, folds or lines, possible further treatment, swelling, nodule formation, allergic reaction, inadequate augmentation.

I state that I have read (or it has been read to me) and I understand this consent form and I understand the information contained in it.

Signed: