

INFORMED CONSENT FORM

Before and After Consent

This form should be supplied with each B&A, to get correct information about treatment. Please provide images WITHOUT watermarks, edits or filters. This will ensure that every picture maintains a consistent, high-quality appearance.

CONDITION/S TREATED	<input type="text"/>		
COURTESY OF [ATP BUSINESS NAME]	<input type="text"/>		
[@USERNAME & PLATFORM OR URL]	<input type="text"/>	SOCIAL MEDIA	<input type="text"/>
COUNTRY	<input type="text"/>		
HOW MANY TREATMENTS	<input type="text"/>		
TREATMENT PRODUCTS USED	<input type="text"/>		
COMBINATIONS THERAPIES	<input type="text"/>		
TREATMENT DEPTH	<input type="text"/>	BLOOD/NO BLOOD	<input type="text"/>
PERMISSION OR IMAGES RECEIVED	<input type="text"/>	B&A RECEIVED	<input type="text"/>
OTHER COMMENTS	<input type="text"/>		

Images submitted to DermapenWorld™ are assumed that proper consent has been granted for the images to be used by DermapenWorld and DermapenWorld and its Authorised Associates, willing to share outcomes and results with others, for both training and marketing purposes within the beauty, cosmetic aesthetic and medical industry. In all cases, we will do everything we can to keep the patient's identity anonymous, and to credit the practitioner correctly. DermapenWorld holds no responsibility for obtaining consent from the patients directly and expects that either the practitioner or DermapenWorld Associate (Distributor) has done this. Any permissions sorted or emails with the images provided can be forwarded to social@dermapenworld.com for filing.

EXAMPLE OF PHOTO CONSENT MAY CONTAIN

We would appreciate your willingness to share your outcomes and results with others, for both training and marketing purposes within the beauty, cosmetic and aesthetic industry. In all cases, we will do everything we can to keep your identity anonymous. With this form I, (insert participant name) _____ give my full consent for all photographs/ footage captured before, during and after my treatment by, (insert clinic/practice name) _____ to be used by DermapenWorld and its Authorised Associates. With this consent, I permit the images/footage (if they are to be selected) to be used in the following and similar materials (Please tick one or both preferences):

- Marketing and advertising to be used on company websites, in-clinic waiting room materials or other such industry media channels. Examples are product/treatment brochures, clinic advertising material and information made available to other clients interested in the treatment.
- For training purposes, educational material for DermapenWorld and its Authorised Associates. Such as user product manuals, educational charts industry communications, and teaching slides. (This will also allow us to visually monitor your progress and see the results of your treatment over time.

SIGNATURE _____ DATE _____

PLEASE TAKE THE TIME TO READ THIS CAREFULLY AND UNDERSTAND ANY ACCOMPANYING INFORMATION.

This form is an example or suggestion provided by DermapenWorld and or its associates, it is up to the provider of the service to legalities of consent forms that suit their business. The provider of this service has been informed by Dermapenworld that local laws which may apply to the operator and hold no responsibility for treatment outcomes. Results may vary. Use only as directed.