

The 'SAFE AESTHETIC TREATMENTS' campaign

Declaration of the health professional

For the request of my patient I hereby declare that I comply with the statements below*. I understand that the below points intend to ensure that the aesthetic procedures are performed in a safe and effective way for the benefit of the patient.

* If there is a noncompliance regarding any of the points, it should be crossed over and the potential consequences to be discussed with the patient whether he or she is happy to proceed.

1. I am adequately trained to perform the proposed treatments which are in a safe and effective manner.
2. I undertake Continuous Professional Development in regards to the above procedures.
3. I confirm that I have in place appropriate cover in relation to my professional indemnity or insurance which is appropriate to the nature and extent of the risks of my scope of practise.
4. I am aware of the difference between 'chasing lines' and a 3 dimensional, indirect approach such as 8 point face lift, MD codes or similar regarding dermal filler treatments.
5. I am aware of the possible complications for the above procedures, and I am trained and prepared to deliver appropriate complication management if it should become necessary.
6. I have up to date CPR (Cardiopulmonary resuscitation) training.
7. I have suitable emergency equipment and medication in my office, ready to use and within expiry date.
8. I use only original, FDA approved products within their expiry date for the treatment of this patient.
9. I store my products according to the recommendations of the manufacturer.
10. I plan the treatment based on an individual analysis of the patient's face (or treatment area) by taking in to account the patient's concerns and my professional considerations.
11. My patient undergoes a proper consent procedure which entails the verbal discussion of the benefits, potential side effects and complications, alternative treatments and the option when there is no treatment at all, furthermore discussing all material facts which might be important for the patient. My patient signs a consent form as part of the informed consent process.
12. My patient fills in a detailed and relevant medical history form and I assess whether there are any circumstances which might be a contraindication for the proposed treatment(s).
13. I have adequate measures set up to protect and store my patient data safely and according to law.

14. I clean the treatment area and its surroundings with appropriate skin disinfectant agent (such as Chlorhexidine or similar) multiple times before the treatment and during, when needed.
15. I deliver my treatments from a sterile surface (ie. sterile dressing pack).
16. I do not touch my needles/cannulas on any non-sterile surface (ie. gloves or hair) during the procedure. If it accidentally happens I stop the procedure immediately and swap the needle/cannula to a new one.
17. I do perform proper aspiration (bubble is visible and holding for 3 sec or more) during filler treatments when I use a needle or cannula (smaller than 25G) and I inject below the subcutaneous fat layer. In case of positive aspiration I dispose the filler and open up a new one. Pricing to be discussed with patient.
18. I inject fillers slowly and no more than 0.3ml in one bolus (except temples).
19. I do not inject through my markings or infected skin.

Practitioner's Name _____

Signature _____

Date _____