Polynucleotide consent form template (UK)

Patient details

Full name: _____

Date of birth: _____

Phone: _____

Email: _____

Address: _____

Treatment details

Product (brand and presentation): _____

Batch number: _____ Expiry: _____

Area(s) to be treated: _____

Session number and total sessions planned in this course: _____

Date of treatment: _____

About this treatment

Polynucleotides are injectable preparations of purified DNA fragments, commonly derived from salmon, used to improve skin quality, hydration, elasticity and texture. They do not add volume or alter the shape of facial features. Treatment is usually given as a course of two to three sessions spaced several

weeks apart, and results develop gradually over the weeks following the course. No specific outcome can be guaranteed.

Contraindications and screening

Please confirm each of the following:

- ☐ I do not have an allergy to fish or fish-derived products (required for salmon-derived polynucleotides; tell your practitioner if you are unsure)
- ☐ I am not pregnant and not breastfeeding
- ☐ I do not have an active skin infection, cold sore, acne flare or broken skin in the treatment area
- ☐ I do not have a known allergy to any component of the product or to local anaesthetics used during treatment
- ☐ I do not have a bleeding disorder and have disclosed any blood-thinning medication or supplements
- ☐ I have disclosed any autoimmune condition, immunosuppressive treatment or significant medical history
- ☐ I have disclosed all previous aesthetic treatments in the area, including filler, and any complications

Risk acknowledgement

I understand and accept the following recognised risks of polynucleotide treatment:

- ☐ Injection-site reactions including redness, tenderness and warmth, usually settling within a few days
- ☐ Small raised bumps (blebs) at the injection points, usually settling within 24 to 48 hours
- ☐ Bruising, which can take a week or more to fade, particularly around the eyes
- ☐ Swelling of the treated area
- ☐ Infection at the injection sites
- ☐ Allergic reaction, including (for salmon-derived products) reaction in people with an undisclosed fish allergy
- ☐ Rare vascular events, where product affects a blood vessel; these are uncommon and your practitioner will explain the warning signs, which need urgent assessment

Aftercare commitment

☐ I agree to follow the written aftercare instructions, including avoiding makeup until the injection points have closed, avoiding alcohol, strenuous exercise and heat for 24 to 48 hours, avoiding facials and similar treatments over the area for around 2 weeks, and using high-factor sun protection daily.

Photography

☐ I consent to clinical photographs being taken before and after treatment for my confidential patient record.

☐ I additionally consent to my photographs being used for marketing purposes (optional).

Outcome

☐ I understand that results develop gradually over a course of treatment, vary between individuals, and cannot be guaranteed, and that a single session is an incomplete treatment.

Patient declaration

I confirm that I have read and understood the information above, that I have had the opportunity to ask questions and that they have been answered to my satisfaction. The information I have given is true and complete. I consent to polynucleotide treatment as described.

Patient signature: _____

Print name: _____

Date: _____

Practitioner declaration

I confirm that I have explained this procedure to the patient, including its intended benefits and material risks, and any available alternative treatments, and that the patient has had the opportunity to ask questions.

Practitioner signature: _____

Print name and qualification: _____

Date: _____