

NEAUVIA®

QUESTIONNAIRE ON PERFORMED TREATMENT

Information about the doctor

First name: _____ Last name: _____

Telephone: _____ Specialisation: _____

E-mail: _____

Information about the patient

Age: ☐ 18-25 ☐ 26-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ >65

Gender: ☐ Female ☐ Male ☐ Prefer not to say ☐ Other: _____

Indications: _____

Any other concerns

(diseases, previous treatments, allergies): _____

I. DESCRIPTION OF THE TREATMENT

General Treatment Information

| Sessions | Preparation for the procedure (home treatment) | Procedure steps (including fillers, cosmeceuticals, drugs and devices) | Products to be used after procedure (home treatment) |
|-----------|--|--|--|
| Session 1 | | | |
| Session 2 | | | |
| Session 3 | | | |
| Session 4 | | | |

Treatment Details

Place and date of the treatment: _____

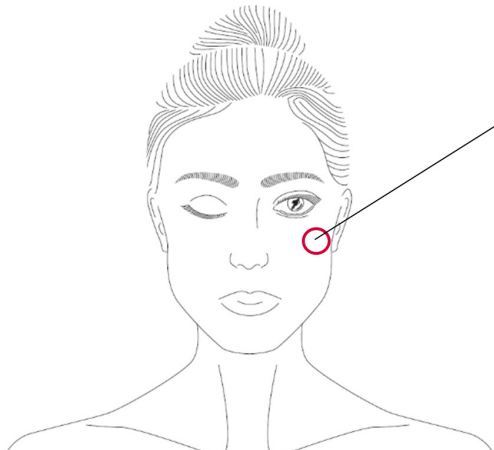
The reason of the treatment (please indicate the skin, body pathology or condition): _____

The purpose of the treatment (e.g. rejuvenation, increasing the volume): _____

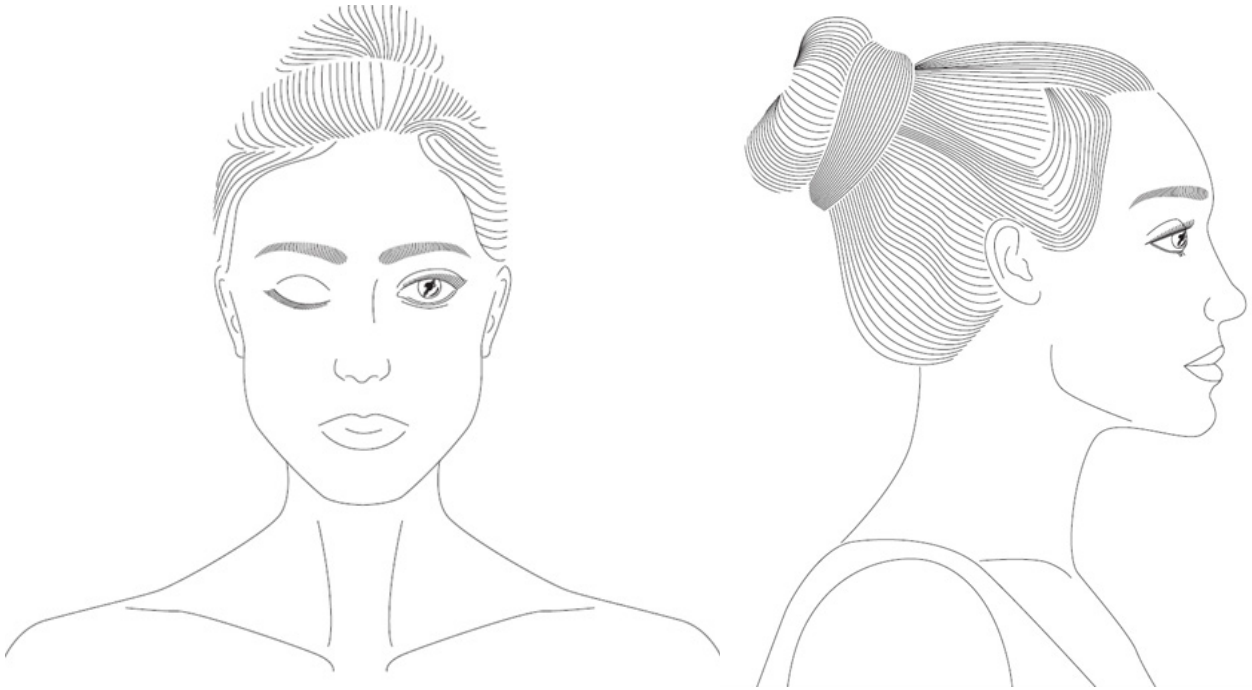
Area of the treatment and product used

Tick the products used on the legend, and describe the treatment performed using the legend below as shown in the example:

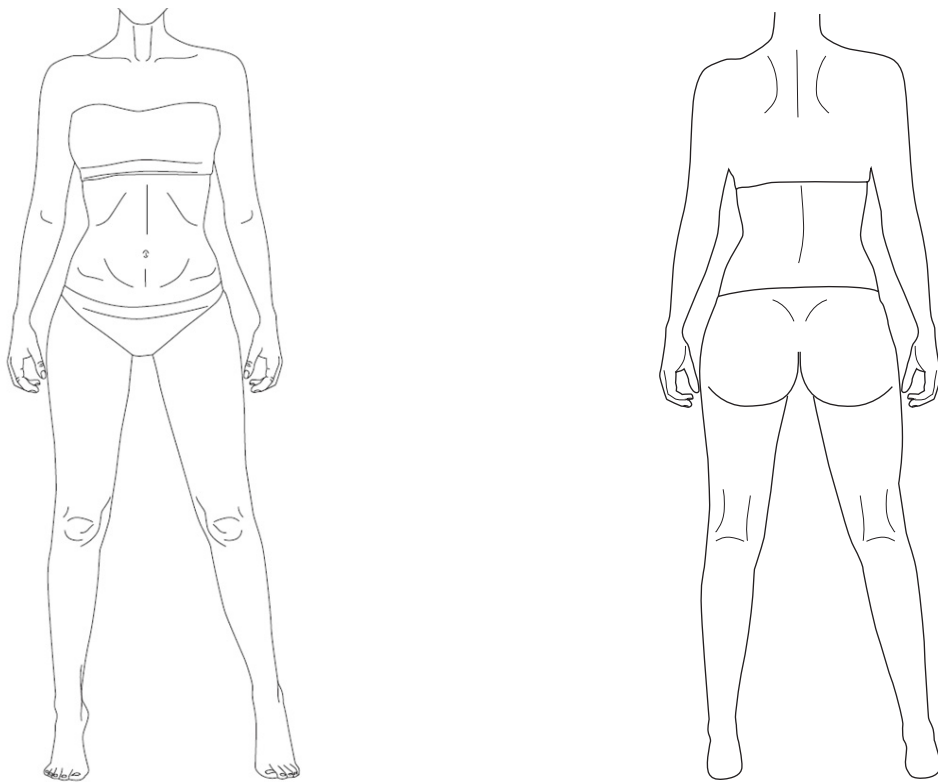
| Legend | | | | |
|-----------------------------|--|---|---|--|
| Technique | Products | | | |
| | Fillers | Devices | Cosmeceuticals | |
| ○ Bolus | | | | |
| — Linear Threading | <input type="checkbox"/> NST - Neauvia Stimulate | <input type="checkbox"/> ZAF - Neauvia Zaffiro | <input type="checkbox"/> Rebalancing cream rich | <input type="checkbox"/> Retinoids concentrate |
| < Fan Technique | <input type="checkbox"/> NSM - Neauvia Stimulate Men | <input type="checkbox"/> SEC - Neauvia Sectum | <input type="checkbox"/> Rebalancing cream light | <input type="checkbox"/> C-shot |
| × EBD Pulse | <input type="checkbox"/> NIN - Neauvia Intense | <input type="checkbox"/> LSM - Neauvia LaserMe | <input type="checkbox"/> Advanced cream | <input type="checkbox"/> Antiox concentrate |
| Layer | <input type="checkbox"/> NIM - Neauvia Intense Men | <input type="checkbox"/> EPM - Neauvia EpilMe | <input type="checkbox"/> Ceramide shield | <input type="checkbox"/> Acne stress control |
| SP - Supraperiostum | <input type="checkbox"/> NIV - Neauvia Intense LV | <input type="checkbox"/> PLA - Neauvia Plasma IQ | <input type="checkbox"/> C routine cream | <input type="checkbox"/> Eye fusion cream |
| DD - Deep Dermis | <input type="checkbox"/> NIL - Neauvia Intense Lips | | <input type="checkbox"/> Rebalancing make up light | <input type="checkbox"/> Contour eye |
| DE - Dermis | <input type="checkbox"/> NIR - Neauvia Intense Rheology | | <input type="checkbox"/> Rebalancing make up medium | <input type="checkbox"/> Rejuvenation rose gel |
| SF - Superficial | <input type="checkbox"/> NIF - Neauvia Intense Flux | | <input type="checkbox"/> Rebalancing make up dark | <input type="checkbox"/> Rebalancing cream man |
| SC - Stratum Corneum | <input type="checkbox"/> NRO - Neauvia Intense Rose | | <input type="checkbox"/> New born skin | <input type="checkbox"/> Lip bliss |
| | <input type="checkbox"/> NHD - Neauvia Hydro Deluxe | | <input type="checkbox"/> City escape mask | <input type="checkbox"/> PHA Touch |
| | <input type="checkbox"/> NHM - Neauvia Hydro Deluxe Men | | <input type="checkbox"/> Wake up skin | <input type="checkbox"/> Photo-Defense |
| | | | <input type="checkbox"/> Instant Recovery Mask | <input type="checkbox"/> Melan-ox |

| Example | |
|---|---|
|  | <p>NIN 0,3 ml DD</p> |

Face



Body





Any other information that would be helpful

Course of the treatment

| | | Session 1 | Session 2 | Session 3 | Session 4 |
|----------------|--|-----------|-----------|-----------|-----------|
| Devices | Name of consumables used (if applicable): | | | | |
| | Duration of the session: | | | | |
| | Parameters of the session: | | | | |
| Fillers | Name of the product | | | | |
| | Type of cannula: | | | | |
| | Number of syringes used: | | | | |
| | Quantity of filler injected (ml), anatomical areas and injection plane | | | | |
| Cosmeceuticals | Name of the product | | | | |

2. ABOUT BEFORE & AFTER PICTURES

| Picture 1 - Before | Picture 2 - After |
|------------------------------------|------------------------------------|
| File name: _____ | File name: _____ |
| Description of the picture: | Description of the picture: |
| When it was taken? _____ | When it was taken? _____ |
| How? (Vectra, Smartphone...) _____ | How? (Vectra, Smartphone...) _____ |

3. IMAGE AND PATIENT CONSENTS

- ☐ The Doctor hereby represents and warrants that prior to the treatment, the Doctor has obtained any and all necessary Patient's authorizations and consents as required by any applicable laws and regulations with respect to the treatment performance and data protection such as personal data related requirements.
- ☐ In particular, in case the Doctor has taken a photograph or a video recording of the Patient in relation to the performed treatment, whether before, during and/or after treatment, (hereafter the "Image"), Doctor warrants that it has explained the reason for taking such Image, the intended use of the Image as well as obtained Patient's consent for the use of Image and Patient's related personal datae rights.
- ☐ The Doctor is and shall be the owner of all rights, including copyright, in the Image(s) and confirms that there are no legal or factual circumstances preventing the Doctor to grant our Company the consent to use the Image(s) as specified hereafter.
- ☐ The Doctor consents our Company* the right to use, exploit, adapt, modify, reproduce, distribute and display, in any form now known or later developed, the Image(s) for at least 2 years and throughout the world, by incorporating it or them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, internet websites, videotapes, and/or other media (the "Materials") or commercial, informational, educational, advertising, or promotional mMaterials and purposes relating thereto (the "Purposes").
- ☐ The Doctor hereby consents and authorizes our Company to use his/her personal data enabling to identify the author of the Image(s) (e.g. "Photos courtesy of...") along with the corresponding Image(s) for the Purposes as defined above. For the sake of clarity, any personal data provided or obtained hereunder shall be handled, used, processed, stored, disclosed or disposed of in accordance with applicable data protection laws and regulations such as EU-GDRP. Thus, the Doctor shall have the right to access, and ask to correct, withdraw, or delete Doctor's personal data.

To exercise his/her rights, the Doctor can use the contact information hereafter to submit a request:
dataprotection@neauvia.com

Date, Signature of the Doctor

* Company means Matex Lab Switzerland S.A., and any and all affiliated companies thereof.