SKINIAL® TATTOOENTFERNUNG OHNE LASER	incident report	Doc.-Version: incident report (V 1 – 12.12.12)

☐ Client		☐ contact specialist	
Date:		Date:	
Time:		Time:	
Name (Initials):		Name:	
Address:		Address:	
Post Code/City		Post Code/City	
Tel No:		Tel No:	
Client No:		Note:	
treated by:		treated by:	

Treatment	Skinial-Ex	Batch No:

☐ tolerance test taken place /refused	☐ aftercare documents signed
☐ declaration of consent signed	☐ effect after treatment appeared
☐ medical instory filled in	☐ photos of treatment exist

Intolerance

Which symptoms are in the foreground	☐ itching	☐ inflammation, Redness	
	☐ burnings	☐ scars	
☐ other:			

type of application

Place of treatment on the skin?			
Particulars during the treatment?			
When did the treatment take place?			
Which treatment?	☐ first	☐ second	☐ third or more
reporting the incident within	☐ 24 hours	☐ up to one week	☐ over a month
Following cosmetic products were used with:			
Following medications (creams) were used with:			
Other medicines:			
have you already visited a specialist?	☐ No	☐ Yes – Please Address above	
Will you visit a specialist?	☐ No	☐ Yes – Please Address above	

Questions for the specialist please see back!

Questions to the specialist:

In your opinion, does there exist a connection with the cosmetic product and the appearance of skin symptoms?
☐ Yes
☐ No

Which symptoms are in the foreground?
☐ itching
☐ inflammation, redness
☐ burnings
☐ scar/s
☐ Other:

In your opinion, is that an allergic reaction?
☐ Yes
☐ No

In your opinion, does there exist a connection with the treatment and the appearance of skin symptoms?
☐ Yes
☐ No
☐ not known

External influence (dirt bacteria) is excluded?
☐ Yes
☐ No

What is your further recommendation for the treatment of these undesirable effects?

Feedback of the specialist:

brief description of the incident:

Confirmation of receipt of the message in the Skinial headquarters:

Date: _____ Signature: _____