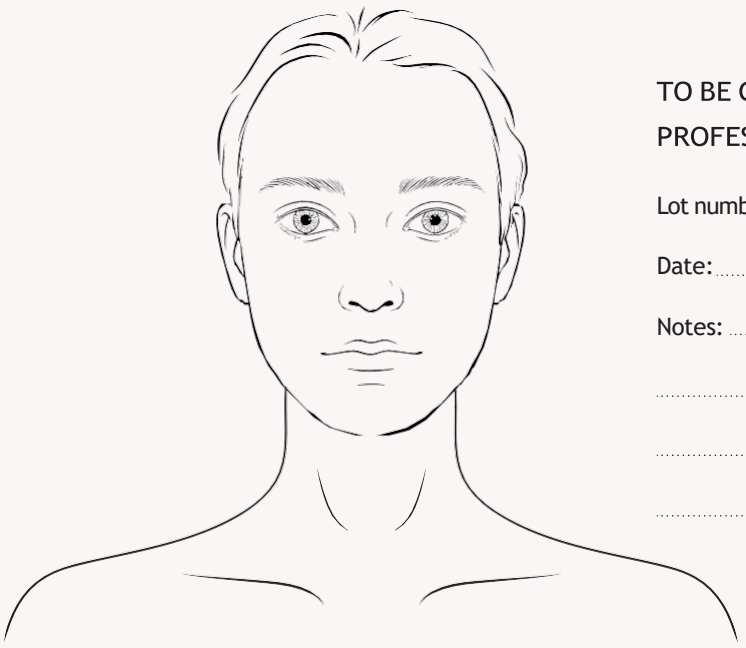
This content is intended for UK and Irish (>18yrs) adults only.
This form is to be completed by the patient and returned to their healthcare professional.

SKINVIVE™ BY

LASERLITE AESTHETIC CLINIC



TO BE COMPLETED BY HEALTHCARE PROFESSIONALS ONLY

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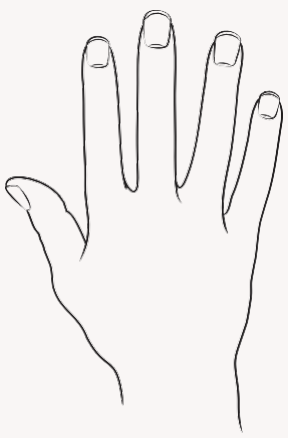

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Lot number: .....

Date: .....

Notes: .....

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Health Care Professional's Name: .....

Clinic Name: .....

Clinic Address: .....

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Telephone: .....

Email: .....