MD GT-P-20-01/Rev.1
Creation date: 28/06/2023

CHEMOEXFOLIATION

ENERPEEL®

POST-SALES SURVEILLANCE FORM

TebiPen™

MEDICAL DEVICE
Class I

CE

TYPE OF ENERPEEL® USED:	
☐ ENERPEEL® EL solution containing lactic acid (15%), trichloroacetic acid (3,75%);	☐ ENERPEEL® EL-PLUS solution containing mandelic acid (20%), malic acid (15%), lactic acid (10%);

Batch number: _____

PHYSICIAN'S DATA

Name: _____ Surname: _____

Ambulatory / Hospital / Denomination: _____

Address / Place / Zip code: _____

E-mail: _____ Telephone no.: _____

MEDICAL DEVICE DATA

Pathologies treated: _____

_____

Patient age: _____ Patient gender: ☐ F ☐ M

Please make a judgment, marking the chosen box:					
EFFICACY	☐ None	☐ Low	☐ Discrete	☐ Good	☐ Excellent
TOLERABILITY	☐ None	☐ Low	☐ Discrete	☐ Good	☐ Excellent

If you have known about any secondary effect/complication after the use of the Medical Device, please specify what occurred: _____

_____

Explicit declaration: *I, undersigned, declare, under my responsibility, to communicate, with the present sheet, true data.*
I relieve also General Topics S.r.l. from any direct and indirect liability arising from the misuse of the Medical Device ENERPEEL®.

Date __ __ / __ __ / __ __ __ __ _____
Stamp and signature

Authorization for personal data treatment: *under the Regulation on the Protection of Personal Data (Regulation EU 2016/679 and following modifications/amendments) we inform you that your data will be registered in the Database owned by General Topics S.r.l.. These data will be use excusively by General Topics S.r.l. for Post-Surveillance Market purpose, according to Directive 93/42/CEE and following modifications/amendments. At any time you can exercise your rights in order to ask confirmation about your personal data presence in our database, ask for their deletion or to oppose to their use.*

Date __ __ / __ __ / __ __ __ __ _____
Stamp and signature

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