

CHEMOEXFOLIATION

ENERPEEL

POST-SALES SURVEILLANCE FORM

MEDICAL DEVICE Class IIa

(€₀₃₇₃

	RPEEL® USED:			
□ ENERPEEL® GA-70 solution containing glycolic acid (70%);	ENERPEEL® SA solution containing salicylic acid (30%);			
☐ ENERPEEL® GA-50 solution containing glycolic acid (50%);	□ ENERPEEL® SA-15 solution containing salicylic acid (15%);			
☐ ENERPEEL® GA-40 solution containing glycolic acid (40%);	☐ ENERPEL® SA-CB Chest&Back solution containing salicylic acid (30%);			
□ ENERPEEL® GA-30	□ ENERPEEL® TCA solution containing trichloroacetic acid (25%);			
solution containing glycolic acid (30%); □ ENERPEEL® PA	☐ ENERPEEL® TCA-LP (Less Pain)			
solution containing pyruvic acid (50%); □ ENERPEEL® MA	solution containing trichloroacetic acid (25%); □ ENERPEEL® TCA STRONG			
solution containing mandelic acid (40%); □ ENERPEEL® JR	solution containing trichloroacetic acid (40%); □ ENERPEL® NECK			
solution containing salicylic acid (15%), lactic acid (20%), resorcinol (14%);	solution containing pyruvi	c acid (30%), lactic aci	d (10%), f	erulic acid;
	☐ ENERPEEL® HANDS solution containing trichloroacetic acid (20%), lactic acid (10%), kojic acid;			
Batch number:				
PHYSICIAN'S DATA				
Name:	Surname:			
Ambulatory / Hospital / Denomination:				
Address / Place / Zip code:				
	Telephone no.:			
MEDICAL DE	VICE DATA			
Pathologies treated:				
Patient age:	Patient gender: □F □N	1		
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 s	pecify what occurred:		
If you have known about any secondary effect/complication after the use of	the Medical Device, please s	pecify what occurred:		
Explicit declaration: I, undersigned, declare, under my responsibility, to co	ommunicate, with the presen	t sheet, true data.		
Explicit declaration: I, undersigned, declare, under my responsibility, to or I relieve also General Topics S.r.l. from any direct and indirect liability arising	ommunicate, with the presen	t sheet, true data.		
Explicit declaration: I, undersigned, declare, under my responsibility, to co	ommunicate, with the presen	t sheet, true data. ical Device ENERPEE		
Explicit declaration: I, undersigned, declare, under my responsibility, to or I relieve also General Topics S.r.l. from any direct and indirect liability arising	ommunicate, with the present of from the misuse of the Med the Protection of Personal of in the Database owned by ccording to Directive 93/42/0	t sheet, true data. ical Device ENERPEE. Stamp a Data (Regulation EU / General Topics S.r.I. CEE and following mo	L®. nd signature 2016/679 . These odifications	and following data will be use s/amendments.

