Lipoderma®

Learning Library Acknowledgment

Provider Name: _____

Practice Name: _____

Acknowledgment

By signing below, I confirm that I have reviewed the Lipoderma educational materials provided through the Lipoderma Learning Library, including content related to:

- Product information and intended use
- Storage and handling requirements
- Preparation and implantation technique guidance
- Safety information and Instructions for Use (IFU)

I understand that completion of this review and submission of this signed acknowledgment are required prior to supplying the Lipoderma product to my practice.

I understand that Lipoderma is a human tissue allograft and that appropriate clinical judgment, training, and sterile technique are required when using this product.

I acknowledge that:

- I am a licensed healthcare provider authorized to use human tissue products within the scope of my practice.
- I have had the opportunity to review the educational and procedural materials prior to ordering or using Lipoderma.
- I understand that individual patient outcomes may vary.
- I agree to follow the IFU and applicable regulatory requirements.
- I may contact Britecyte or one of its representatives with any clinical or product questions prior to use if needed.

Provider Signature: _____

Date: _____

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