SKIN AGEING REPORT

Comprehensive Clinical Skin Assessment

CONFIDENTIAL MEDICAL DOCUMENT

PATIENT & ASSESSMENT DETAILS			
Patient Name:	Test Smith	**Patient Age:**	42
Date of Assessment:	01/Jan/2026	**Assessor:**	Dr TEST REVIEWER

MEDICAL HISTORY

Relevant medical history, including UV exposure, previous skin surgery/procedures, medications and known allergies.

UV exposure history (sun exposure, sunbed use, occupational/recreational exposure, sun-protection habits):

Prior use of senbeds for 5 years - 30 minutes per week.

Rarely used sun-protection when younger.

Fitzpatrick skin phototype

A validated 6-point classification of constitutive skin colour and UV sensitivity, used to guide sun-protection advice and treatment planning.

Type	Skin characteristics & typical sun reaction	Select
I	Very pale/white skin, often with freckles, red or fair hair, blue eyes — always burns, never tans	☐
II	Fair skin, blue/hazel eyes — usually burns, tans minimally with difficulty	x
III	Fair to light olive skin — sometimes mild burning, tans gradually to light brown	☐
IV	Light brown/olive skin — rarely burns, tans well to moderate brown	☐
V	Brown skin — very rarely burns, tans easily and profusely to dark brown	☐
VI	Deeply pigmented dark brown/black skin — never burns, always tans darkly	☐

Previous surgery / dermatological procedures:

None

Relevant medical history, medications & allergies:

None. NKDA

CURRENT SKINCARE REGIMEN

Products currently used (AM/PM), including active ingredients (e.g. retinoids, vitamin C, SPF), frequency and duration of use.

Vitamin C moisturizer twice per day.

Retinoid cream once per week .

PRIOR AESTHETIC PROCEDURES

Details of previous aesthetic treatments, including botulinum toxin, dermal fillers, chemical peels, laser/energy-based devices, threads, and dates last performed.

SKin booster (Skinvive): 1ml treatment course of 3 Aug-Oct 2025

IMAGE ANALYSIS

Standardised clinical photography, taken under consistent lighting and positioning. Insert the primary image for each domain alongside supporting views, and complete the relevant validated grading scale where applicable.

A. FULL FACIAL ASSESSMENT

Full-colour facial imaging — frontal and bilateral oblique views — providing an overall baseline for comparison at review.

CLINICAL OBSERVATIONS

Overall Complexion: Natural skin tone with subtle, localized dyschromia and minor epidermal pigmentation irregularities across the cheeks and forehead.

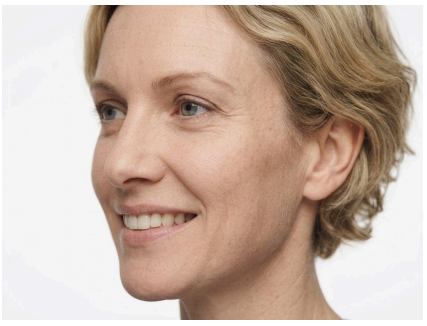
Surface Texture: Moderate fine surface lines visible across the midface and periorbital regions, indicating early texture changes.

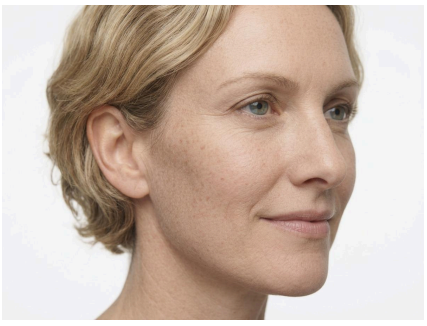
Perioral & Expressive Features: Prominent full-smile expression revealing dynamic nasolabial creasing and fine radial lip lines.

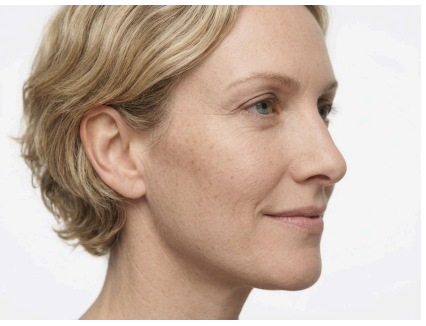
Structural Contour: Preserved midface contour and facial symmetry, with early softness along the lower cheeks and jowl boundary.

Erythema & Vascularity (Gross): Normal underlying flesh tones with diffuse superficial pinkness visible on the central cheeks and nose, suitable for detailed red-enhancement mapping.

Additional supporting images:





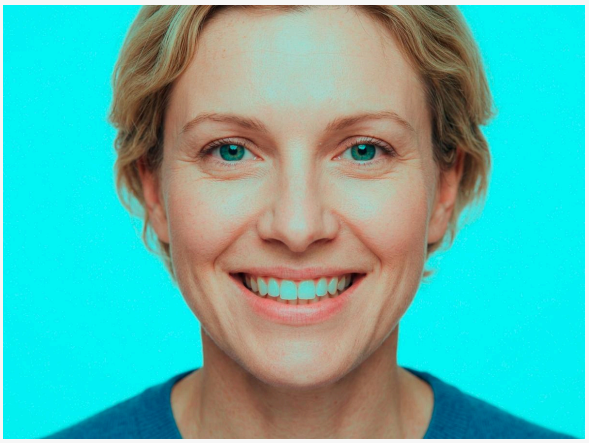


Notice the prominence of dynamic and static lines, visible skin imperfections, and early signs of volume and structural loss in the mid and lower face.

From the oblique views, it is also possible to see slightly more depth to the static lines in the crows feet area on the left side compared to the right. It is common to have asymmetry in these areas.

B. ERYTHEMA / REDNESS ASSESSMENT

Vascular-filtered or standard-light imaging to assess erythema, telangiectasia and diffuse redness.



CLINICAL OBSERVATIONS

Microvascular Mapping: Subtle, diffuse capillary dilation observed primarily across the medial cheek plane and nasal ala.

Superficial Vascularity: Minimal telangiectasia noted along the paranasal folds with no evidence of confluent facial erythema.

Inflammatory Response: Low baseline vascular reactivity; skin presents with stable, uniform vascular tone under standard cross-polarized light conditions.

Target Treatment Zones: Isolated bilateral malar zones identified for targeted light-based or vascular-specific therapy if reduction of superficial redness is desired.

Clinician Erythema Assessment (CEA) scale

Validated 5-point photographic scale (0–4) for grading facial erythema severity.

Grade	Clinical criteria	Select
0	Clear skin, no signs of erythema	☐
1	Almost clear — slight redness present	X
2	Mild erythema — definite redness, readily recognisable	☐
3	Moderate erythema — marked redness	☐
4	Severe erythema — fiery redness across the assessed area	☐

C. FACIAL LINES ASSESSMENT

Standard or raking-light imaging to assess static and dynamic rhytides across the upper, mid and lower face.

CLINICAL OBSERVATIONS

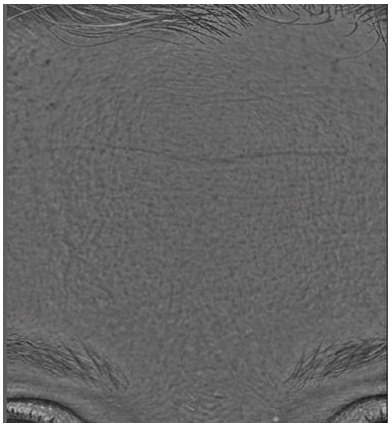
Dynamic Expression Lines: Fine superficial lines observed predominantly across the lateral periorbital region, glabella, and upper forehead, consistent with areas of repeated facial movement.

Static Fine Lines: Subtle persistent linear textural changes noted across the forehead and periocular zones, with greater visibility under enhanced imaging conditions.

Nasolabial & Perioral Lines: Mild linear definition observed along the nasolabial folds and perioral region, without pronounced deep creasing or significant tissue furrowing.

Skin Surface Texture: Overall skin texture remains relatively uniform, with fine superficial lines contributing to early signs of photoageing and reduced surface smoothness.

Additional supporting images:



Forehead

Periorbital

Glabella

Fitzpatrick–Goldman wrinkle & elastosis classification

Validated 3-class photographic scale used to grade wrinkling and photodamage severity.

Class	Clinical criteria	Select
Class I — Mild	Fine wrinkles, mild pigmentary changes, no keratoses	X
Class II — Moderate	Fine-to-moderate depth wrinkles, moderate number of lesions, early actinic keratoses, mild dyschromia visible	☐
Class III — Advanced	Fine-to-deep wrinkles, numerous lesions, occasionally with prior skin cancer, severe dyschromia	☐

D. SUN DAMAGE REPORT

UV-filtered or standard-light imaging to assess photodamage, dyschromia and sub-surface sun damage.

CLINICAL OBSERVATIONS

Pigment Mapping: Localised areas of increased pigmentation observed predominantly across the lateral forehead, consistent with superficial sun-related pigmentary change.

Pigmented Lesions: Several discrete, light-to-moderate brown macules are visible within the lateral forehead zones, with relatively even surrounding skin tone.

Pigment Distribution: Changes appear predominantly focal rather than diffuse, with greater concentration along the lateral aspects of the forehead and limited involvement of adjacent facial areas.

Photoageing Pattern: The observed pigmentation is consistent with an early-to-moderate pattern of cumulative environmental and UV-related skin change, subject to clinical assessment.

Glogau photoageing classification

Validated 4-type photographic scale grading overall severity of photoageing.

Type	Clinical criteria	Select
Type I — Mild	Typically age 20s–30s. No wrinkles, early photoaging with mild pigmentary change, no keratoses, minimal or no makeup worn	X
Type II — Moderate	Typically age 30s–40s. Early to moderate photoaging, wrinkles present with movement, early senile lentigines visible, palpable but not visible keratoses	☐
Type III — Advanced	Typically age 50+. Advanced photoaging, wrinkles present at rest, obvious dyschromia and telangiectasia, visible keratoses, always wears foundation	☐
Type IV — Severe	Typically age 60–70s. Severe photoaging, wrinkling throughout with no unwrinkled skin, yellow-grey skin tone, prior skin malignancy possible, makeup cannot be worn — it cakes and cracks	☐

Assessment scorecard summary

Consolidated record of the validated photographic grading scales completed above. Standard camera photography does not provide instrumented quantitative data (e.g. colorimetry, 3D volumetric or elastography measurement) — where such objective measurement is clinically indicated, referral for dedicated device-based skin analysis should be considered.

Validated grading instrument	Score recorded at assessment
Fitzpatrick skin phototype	I / **II** / III / IV / V / VI
Glogau photoageing type	I / **II** / III / IV
Clinician Erythema Assessment (CEA)	0 / **1** / 2 / 3 / 4
Fitzpatrick–Goldman wrinkle class	**I** / II / III

OVERALL ASSESSMENT

Summary of clinical findings across all domains assessed (skin quality, pigmentation, vascularity, lines/wrinkles, laxity, and overall photoageing severity).

Overall findings indicate early-to-moderate signs of facial photoageing, with generally stable skin quality and vascular tone. The principal concerns are localised pigmentation across the lateral forehead, fine expression and static lines, and subtle superficial vascular changes across the cheek and nasal regions. Skin laxity appears minimal, with no marked structural ageing features identified.

RECOMMENDATIONS & TREATMENT PLAN

Recommended skincare, in-clinic treatments, lifestyle/sun-protection advice, and suggested review interval.

Skincare: Recommend a consistent daily skincare routine focused on broad-spectrum SPF 30–50, antioxidant support, gentle cleansing, and appropriate moisturisation. Targeted pigment- and texture-supporting products may be introduced according to individual skin tolerance.

In-Clinic Treatments: Treatment options may include **microneedling** to support skin texture and overall quality, with injectable treatments assessed on an individual basis following consultation and clinical suitability assessment. Where indicated, treatment may be considered for areas of visible lines and hydration.

Sun Protection & Lifestyle: Emphasise daily broad-spectrum SPF 30–50, regular reapplication when exposed to UV, and avoidance of excessive sun exposure and tanning. A consistent skincare routine and healthy lifestyle should be maintained to support long-term skin quality.

Review: Recommend clinical review following an appropriate treatment period to reassess skin quality, pigmentation, vascularity, lines, and overall photoageing, with the treatment plan adjusted according to response and patient goals

Assessor signature
Name, GMC number & date

Patient acknowledgement (optional)
Signature & date