



ILLUSTRATIVE COMPOSITE · PORTFOLIO SAMPLE

A synthetic composite, not a real client audit. The page elements below are fabricated, deliberately generic examples of wording commonly seen on UK botulinum-toxin pages. They reproduce no real business, quote no one and identify no one. What is real is the method: the named rule each element engages and the three-register safer rewrites.

Botulinum Toxin Service Page

Illustrative aesthetic-clinic composite · not a real client

BLACK

Overall regulatory risk

HIGH

Evidence confidence

This composite models a public botulinum-toxin service page of the kind operated by a multi-site aesthetic clinic, reviewed against the CAP Code (Sections 3, 12 and 13), the Human Medicines Regulations 2012 (Part 14), the MHRA Blue Guide and the ASA's Botox-specific guidance. As constructed, the page is structurally non-compliant: it functions as a public sales surface for a prescription-only medicine, naming toxin brands, listing per-area prices, deploying outcome, duration and safety-minimisation claims, showing a before-and-after gallery, and stacking doctor-endorsement and media-accolade language. The fix is architectural, not cosmetic.

ASSET TYPE

Public service page (organic and paid-traffic destination), with home-page and prices-page entry points

SECTOR

UK aesthetics; botulinum toxin (POM) and adjacent injectables

AUDIENCE

General public; non-gated, no eligibility wall

FRAMEWORKS APPLIED

CAP Sections 3, 12, 13 · HMR 2012 Part 14 · MHRA Blue Guide · ASA Botox FAQs and CAP Bitesize · 2025 MHRA/ASA/GPhC joint reaffirmation · GMC GMP 2024 · CQC · NHS

PUBLISH-BLOCKERS IDENTIFIED

16 BLACK · 6 in-context · 2 RED · 2 AMBER · 1 GREEN · 1 requires verification

RECOMMENDED ACTION

Hold and rebuild as a consultation-only service page; gate all medicine-specific content

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Executive Verdict

Public sales page for a prescription-only medicine

The composite combines, on a single public surface, every element regulators treat as direct-to-public POM advertising: named botulinum-toxin brands, a per-area price ladder, therapeutic indications (hyperhidrosis, migraine), outcome and duration claims, safety-minimisation and convenience framing, a before-and-after gallery, and superlative doctor-endorsement language including a media accolade. Under CAP 12.12 and HMR 2012 Part 14, this configuration is treated as advertising a prescription-only medicine to the public.

The remediation required is therefore structural: an architectural pivot from a toxin-led product page to a consultation-only service page, with the home-page funnel, prices page and any paid traffic reworked accordingly.

Top five publish-blockers

1. Public POM naming with price: a hero 'anti-wrinkle injections from £190' panel, a per-area cost table, named add-on procedures, and a prices-page row equating 'anti-wrinkle injections' with a named toxin brand.
2. A toxin-brand catalogue in the FAQ: 'other brands include [B], [C] and [D]', listing multiple licensed prescription-only products by name on a public page.
3. Therapeutic POM indications to the public: copy stating the toxin 'stops excessive underarm sweating' and 'has clinical research showing effective use for migraine and headaches', squarely within the prohibition.
4. Outcome, duration and safety-minimisation claims: 'results in days, lasting months', 'lasts about four months', 'tiny, painless injections', 'no downtime', 'very safe; side effects are uncommon and temporary', plus an unqualified superiority claim.
5. An HCP-endorsement stack beside POM promotion: 'doctor-led treatments you can trust, never nurses or beauticians', 'among the best injectors in the region', and a national-magazine accolade, engaging CAP 12.18.

Why the configuration matters commercially

The exposures below are illustrative regulatory and commercial risks that flow from the configuration described above. They are not predictions of enforcement against any party and do not constitute legal advice.

ASA complaint risk

A live page that names toxin POMs, prices them per area and pairs them with before-and-after imagery and HCP endorsement is the configuration addressed by the ASA's Botox FAQs and the CAP Bitesize advice on advertising Botox. A single public or competitor complaint can trigger a published adjudication and on-record amendments.

MHRA enforcement

Public-facing POM advertising falls within the MHRA's remit under HMR 2012 and the MHRA Blue Guide. Responses range from informal advice and required undertakings to formal directions, referral and, in serious cases, prosecution. The 2025 MHRA/ASA/GPhC joint reaffirmation restates the overarching POM-advertising rules.

GMC professional standards For a doctor-owned, doctor-delivered service, GMC Good Medical Practice 2024 applies. Strong promotional claims, safety-minimisation language and the use of media accolades to sell POM treatments may be read as prioritising commercial interests over balanced, patient-centred communication.

Reputational and platform damage Adjudications are durable and indexable, shaping future search results and complicating paid-media approval across networks. Brand naming, public pricing and before-and-after content on a paid-traffic landing page are likely to attract platform disapproval and can feed into regulatory scrutiny.

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Asset Snapshot

What was reviewed

Asset type	Public service page (organic and paid-traffic destination) plus home-page card and prices-page entry
Sector	UK aesthetics; botulinum toxin (POM) and adjacent injectables
Audience	General public; non-gated, no eligibility wall
Page architecture	Hero panel, cost table, benefits list (cosmetic, hyperhidrosis, migraine), FAQ block, before-and-after gallery, doctor-endorsement section, transactional CTAs throughout
Medicines named on-page	Multiple botulinum-toxin brands (shown here as generic placeholders)
Promotional devices	Per-area price ladder · named add-on procedures · 'free top-ups' · before-and-after gallery · POM-naming benefits list (cosmetic and therapeutic) · superlative HCP framing · media accolade · accreditation card adjacent to POM content
Key omissions	Balanced risk disclosure aligned with NHS patient information; eligibility gating before POM exposure; transparent mapping of clinical references to specific claims
Reviewed against	CAP Code Sections 3 (3.1, 3.7, 3.9, 3.33, 3.50), 12 (12.1, 12.2, 12.9, 12.12, 12.18), 13 · HMR 2012 Part 14 · MHRA Blue Guide · ASA Botox FAQs and CAP Bitesize · 2025 MHRA/ASA/GPhC joint reaffirmation · GMC GMP 2024 · CQC · NHS patient information

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Claim - by - Claim Audit

Every modelled element with rule citation, risk grade and required action

Grades: BLACK = publish-blocker · BLACK in context = blocked by surrounding context · RED = serious rewrite · AMBER = caveats / verification · GREEN = acceptable. Evidence: A-D standard; X = blocked by POM-advertising risk regardless of substantiation strength. All names and prices are illustrative.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
BTX-001	Hero panel: '[toxin] anti-wrinkle injections — from £190'	BLACK	CAP 12.12 · HMR 2012 Pt 14	Names a POM with consumer pricing in a hero slot: direct public POM advertising.	Remove the brand and POM-linked pricing; reserve any pricing for post-consultation materials.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
BTX-002	H1 / subhead: '[toxin] anti-wrinkle treatment — doctor-led, natural results'	BLACK	CAP 12.12 · HMR 2012 Pt 14	Brands the service around a POM and ties it to clinic delivery.	Remove the brand from the heading; reframe around a general anti-ageing consultation.
BTX-003	Body: 'relaxes forehead lines, frown lines and crow's feet, results in days lasting months, the leading choice for wrinkle prevention'	BLACK	CAP 12.12 · 12.1 · 12.2 · 3.1 · 3.7	Public efficacy, indication and duration narrative for a POM.	Decouple from any POM reference; restrict mechanism and duration detail to post-consultation materials.
BTX-004	Icon strip: '[toxin] by qualified doctors · natural-looking results · from £190'	BLACK	CAP 12.12 · 12.18	Couples POM brand, HCP endorsement and price in one promotional unit.	Remove the brand and price; replace with a neutral statement about doctor-led consultations.
BTX-005	Cost table: '1 area £190 / 2 areas £270 / 3 areas £330; neck/jaw contouring £180; consultation £95'	BLACK	CAP 12.12 · MHRA Blue Guide	A detailed public price list for a POM, including a dosage proxy ('areas') and add-on procedures.	Remove the public cost table; discuss POM costs only after assessment.
BTX-006	'Free top-ups two to four weeks after treatment to optimise your results'	BLACK	CAP 12.12 · 12.9 · 3.1	Promotes continuation dosing of a POM and frames outcomes as optimised.	Remove from public copy; frame any retreatment clinically, not as a consumer perk.
BTX-007	'Before & after results' image and video gallery	BLACK	CAP 12.12 · 3.1 · ASA Botox FAQs	Before-and-after material for a POM is specifically called out by the ASA as unacceptable, irrespective of accompanying text.	Remove public before-and-after material for POM treatments.
BTX-008	'[Toxin] clinics near you — [City A] / [City B]'	BLACK	CAP 12.12	Ties the POM brand to location-based promotion, encouraging consumers to seek the medicine.	Remove the brand from the heading; refer generically to clinic locations for consultations.
BTX-009	FAQ: 'tiny, painless injections · no downtime · lasts about four months · very safe, side effects uncommon and temporary'	BLACK	CAP 12.12 · 3.1 · 3.7 · 12.2 · NHS	Benefit-heavy POM description for lay readers, with risk minimisation and reassurance.	Remove POM-specific clinical detail; if retained as general information, adopt NHS-style risk-balanced wording without naming the medicine.
BTX-010	FAQ: 'the best anti-ageing treatment available, and that is a fact'	BLACK	CAP 12.12 · 3.1 · 3.7 · 3.33	Unqualified superiority claim about a POM.	Remove entirely; avoid 'best' or 'number one' formulations for POMs across all channels.
BTX-011	FAQ: 'other toxin brands include [B], [C] and [D]'	BLACK	CAP 12.12	Lists multiple licensed POM brands by name on a public page.	Remove the public listing of toxin brands; confine to HCP-only materials.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
BTX-012	'Treatments are very safe; side effects are uncommon and almost always temporary, especially with an experienced doctor'	BLACK	CAP 3.1 · 3.2 · 12.2 · 12.12 · NHS	Strong safety reassurance for a POM, without a balanced description of potential serious harms.	Remove POM-specific safety reassurance; draw any retained safety tone from NHS patient information.
BTX-013	Benefits list: 'stops excessive underarm sweating'	BLACK	CAP 12.12 · 12.1 · 12.2	Promotes a therapeutic POM use (hyperhidrosis) directly to the public.	Remove the brand reference; frame hyperhidrosis as a condition and signpost to NHS guidance.
BTX-014	Benefits list: 'clinical research shows effective use for migraine and headaches'	BLACK	CAP 12.12 · 12.1 · 12.2	Promotes a POM for a therapeutic indication (migraine) with implied clinical proof to a lay audience.	Remove from the public page; confine any migraine-indication discussion to clinical contexts and NHS-aligned pathways.
BTX-015	Home-page card: 'anti-wrinkle injections' linking into the toxin page	BLACK in context	CAP 12.12 · 3.1 · 3.9 · ASA	Forms part of the POM advertising funnel from the home page.	Re-label to promote consultations only; de-link any direct route from home to POM sales content.
BTX-016	Prices page: 'anti-wrinkle injections ([toxin]) — from £190'	BLACK	CAP 12.12 · MHRA Blue Guide	Explicitly equates 'anti-wrinkle injections' with a named toxin and provides public 'from £' pricing.	Remove from public prices; discuss POM pricing only in individual consultation.
BTX-017	'Doctor-led [toxin] you can trust, every injection by a qualified doctor, never nurses or beauticians'	BLACK	CAP 12.12 · 12.18 · 3.1	Combines POM brand naming, doctor-only delivery and 'trust' framing in a promotional context.	Remove the brand; relocate any doctor-only policy to a neutral governance section.
BTX-018	'Subtle results, expert care... without anyone guessing why'	BLACK in context	CAP 12.18 · 3.1	Standalone, general cosmetic positioning; in the POM-saturated context it functions as HCP-endorsed stealth-benefit promotion.	If POM content is removed, soften and retain; drop 'never nurses or beauticians' and 'without anyone guessing why'.
BTX-019	'Among the best injectors in the region, featured in [national magazine]'	BLACK in context	CAP 12.18 · 3.1 · 3.7	Superlative doctor claims tied to a POM, plus a media accolade: strong HCP endorsement in medicinal advertising.	Remove or recast; do not use media recognition to sell POM treatments; avoid 'best injectors' entirely.
BTX-020	Transactional CTAs ('Book online now') embedded within POM-promotional sections	BLACK in context	CAP 12.12 · ASA Botox FAQs	Transactional CTAs on a POM-centred page can be read as encouraging consumers to request a specific medicine.	After removing POM content, focus CTAs on consultation; in current form, reframe away from product acquisition.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
BTX-021	Accreditation card ('CQC registered') placed beside treatment promotions	RED	CAP 3.1 · 3.50 · CQC	Regulator and registration messaging adjacent to POM promotion may be read as endorsement of the service.	Confine CQC messaging to a governance/about section; do not use logos or wording to sell specific treatments.
BTX-022	Generic 'clinical references' list combined with a broad epidemiological / superiority statement	RED	CAP 3.1 · 3.7 · 12.1	A reference list alongside broad superiority claims may be read as proof of all marketing claims; endpoints are not transparently mapped.	Remove the superiority statement or support it with current, specific data; tie any retained references to specific moderate claims.
BTX-023	Paid-traffic landing page: brand naming + pricing + before-and-after + transactional CTAs	BLACK in context	CAP 12.12 · HMR 2012 · ASA	The ASA-aligned expectation is that ads promote consultations only; this structure is likely to attract platform disapproval and regulatory scrutiny.	Create a separate consultation-only landing page for paid traffic; de-index the POM page from paid campaigns.
BTX-024	Information architecture: home-page card and nav linking directly to a POM page with pricing, brand names and before-and-after	BLACK in context	CAP 12.12 · HMR 2012 · ASA	The funnel turns general interest into exposure to direct POM advertising; POM promotion is structurally central, not incidental.	Rebuild the IA so public journeys land on consultation-only, non-POM pages; gate any toxin-specific content.

Final QA flags (cross-cutting controls)

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
QA-01	Licensing / classification verification	AMBER verify	MHRA Products portal	Toxin brands are POMs; any new brand or indication should be checked. Do not assert a brand is unlicensed without MHRA evidence.	Verify via the MHRA Products portal before any external reference.
QA-02	Patient-specific advice drift	AMBER	CAP 12.2	FAQ content can edge toward individualised advice (for example who should start, 'best doctor' guidance).	Keep content general and signpost to consultation; do not imply suitability.
QA-03	Patient data / privacy (copy level)	GREEN	—	At copy level only standard enquiry and booking flows are referenced; no high-risk data promises. A full technical and privacy review is out of scope.	No action at copy level; commission a separate privacy review.

Risk grade key. BLACK = publish-blocker (must not go live). BLACK in context = publishable elsewhere but blocked by surrounding context. RED = serious risk requiring substantive rewrite. AMBER = needs caveats, restructuring or verification. GREEN = acceptable as written. Evidence grade. A–D = standard substantiation grading; X = publication blocked by the cited prohibition regardless of substantiation strength.

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Regulatory Narrative

Why the configuration fails

Strip the page back and the problem is the architecture, not the copy. Under CAP Code 12.12 and HMR 2012 Part 14, a prescription-only medicine cannot be advertised to the general public. The ASA's Botox FAQs, its advice on botulinum-toxin products and the CAP Bitesize rules for advertising Botox are consistent: brand naming, pricing, before-and-after material and HCP endorsement of botulinum toxin all qualify as prohibited public promotion. This composite combines all of them on a single surface, which regulators treat as direct-to-public POM advertising.

Three further problems stack on top of the core breach. First, public outcome, duration and safety-minimisation claims (results 'in days, lasting months', 'lasts about four months', 'tiny, painless injections', 'no downtime', 'very safe; side effects are uncommon') sit on top of POM promotion and materially under-play risk relative to NHS patient information, engaging CAP 3.1, 3.7 and 12.9. Second, doctor-endorsement language ('among the best injectors in the region', a media accolade, 'never nurses or beauticians') engages CAP 12.18; placement within a POM-promotional context elevates rather than mitigates the risk. Third, the unqualified superiority claim, combined with a generic clinical-reference list, operates as implied proof for every claim on the page, with no transparent mapping under CAP 3.7.

The narrow allowance for incidental medicine information does not rescue the page. Regulator practice, restated in the 2025 MHRA/ASA/GPhC joint reaffirmation, distinguishes a public service or landing surface from deeper clinical-information pages reached after eligibility steps. A page that is the destination of organic and paid traffic, names POMs, prices them per area and embeds transactional CTAs is a landing surface and is treated accordingly. Remediation is therefore an information-architecture problem: medicine-specific content cannot live on, or be linked from, a paid-traffic landing surface, and must sit only inside appropriately gated clinical-information areas that are not promoted to the public.

A separate issue is therapeutic-indication risk. Promoting botulinum toxin for hyperhidrosis and migraine to the public moves beyond cosmetic adjacency into regulated medical indications, which should be discussed only in clinical contexts aligned with NHS patient information. A further issue is implied regulator endorsement: an accreditation card sitting near treatment promotions may be read as official endorsement of the service, a reading the CQC's own materials disavow, since registration concerns standards and safety, not endorsement of specific treatments.

Finally, two granular flags require care. Any toxin brand referenced externally should be verified via the MHRA Products portal, and no statement about licensing or classification should be made without MHRA evidence. Any superlative or market-position wording carried over from a brief should be confirmed against the live page or removed, never asserted from memory.

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Safer Wording Bank

Three calibrated registers per element, conservative to commercial

Conservative is the lowest-risk option, suitable for paid-traffic landing surfaces. Balanced is acceptable for an organic service page after POM content has been removed. Commercial is the most assertive copy that remains within scope; sense-check it against the final page architecture before going live.

ORIGINAL FRAMING	CONSERVATIVE	BALANCED	COMMERCIAL
'[Toxin] anti-wrinkle injections — from £190' (hero)	Wrinkle consultations available with our doctors.	Doctor-led consultations to discuss options for lines and wrinkles.	Book a doctor-led wrinkle consultation.
'[Toxin] anti-wrinkle treatment, doctor-led, natural results' (H1)	Anti-wrinkle consultations.	Doctor-led consultations for lines and wrinkles.	Doctor-led care for facial lines and wrinkles.
Body description of efficacy and duration	Our doctors can discuss non-surgical options for lines and wrinkles during a consultation.	If clinically appropriate, options, benefits and duration are explained after assessment.	Discuss tailored, doctor-led options at your consultation.
Per-area cost table	[Not shown publicly] Costs are discussed one to one after assessment.	Costs are agreed with your doctor following clinical assessment.	Indicative consultation fee shown; treatment costs discussed individually.
'Free top-ups after two to four weeks'	Follow-up appointments are arranged where clinically appropriate.	Reviews are part of your care pathway and scheduled as needed.	Doctor-led follow-up is built into your care pathway.
'Before & after' gallery	[Section removed; before-and-after material for prescription treatments is not displayed publicly.]	Outcomes are discussed individually during consultation.	Examples of doctor-led care can be shared at consultation.
FAQ 'tiny, painless injections... no downtime... very safe'	All medical procedures carry benefits and risks.	Your doctor will discuss benefits, common side effects and rare but serious risks before any treatment.	Doctor-led care includes a full discussion of benefits and risks at consultation.
'The best anti-ageing treatment available'	[Statement removed; public comparative claims about prescription treatments are not presented here.]	Options for facial lines vary; your doctor will discuss what may suit you.	Doctor-led, evidence-informed advice on options for facial lines.
FAQ listing toxin brands	There are different prescription medicines that relax muscles temporarily. Your doctor will decide if any are appropriate.	If clinically suitable, your doctor will discuss prescription options at consultation.	Doctor-led decisions on any prescription treatment, made at consultation.
Hyperhidrosis benefit ('stops excessive sweating')	Severe underarm sweating may be managed in specialist settings; your GP or a specialist clinic can advise.	Hyperhidrosis is a recognised medical condition; specialist care can be discussed at consultation.	Specialist consultation for severe underarm sweating.
Migraine benefit ('clinical research shows...')	[Public promotion of prescription treatments for migraine is not provided here.]	Migraine should be assessed by your GP or a specialist; NHS pathways apply.	Specialist migraine care follows NHS-aligned clinical pathways.

ORIGINAL FRAMING	CONSERVATIVE	BALANCED	COMMERCIAL
'Best injectors... [national magazine] accolade'	Our doctors are experienced in aesthetic medicine.	Our team has extensive aesthetic-medicine experience.	Our doctors are recognised for their experience in aesthetic medicine.

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Action Plan

Six phases, sequenced for risk and pace

PHASE	WORKSTREAM	WINDOW	DETAIL
Phase 1	Stop-the-bleed	24–48 hours	Take the public toxin page offline or strip it to a holding state. Remove every POM brand name, the per-area price table and all 'from £' entries, the add-on pricing, the 'free top-ups' copy, the before-and-after gallery, all outcome, duration and safety-minimisation claims, the superiority statement, the hyperhidrosis and migraine benefit lines, and the doctor-endorsement and media-accolade language. Suspend any paid search, paid social and affiliate traffic landing on the page. Remove the page from sitemaps and request reindexing; suppress cached snippets where possible.
Phase 2	Rebuild as consultation-only	1–2 weeks	Replace the toxin-led page with a service-led page describing doctor-led assessment, clinical oversight and follow-up reviews, without implying that a POM is the likely or default outcome. Move any medicine-specific information into appropriately gated clinical-information areas that are never used as landing surfaces and never linked from advertising. Rewrite all CTAs to focus on consultation. Retain doctor credentials only as neutral governance copy, separate from any medicine reference.
Phase 3	Architecture & traffic governance	2–4 weeks	Audit internal linking so that no public surface (homepage, category, blog, hub, footer, prices page) links into toxin-specific content as a destination. Re-label the home-page 'anti-wrinkle injections' card to a consultation-only message and remove the prices-page POM row. Reconfigure paid media so no creative, keyword, ad copy or landing-page mapping drives users onto a page that names, prices or compares POMs. Apply the same logic to email, SMS, social and influencer activity.
Phase 4	Verification, substantiation & sign-off	Parallel · 2–4 weeks	Verify any toxin brand referenced externally via the MHRA Products portal before publication; default to requires-verification until evidence is in hand. Resolve any misspelled brand names. Confirm or remove any superlative or market-position wording carried over from a brief. Build a substantiation pack for any retained efficacy or 'evidence-informed' claims to CAP 3.7 standard, with each clinical reference tied to a specific moderate claim. Establish a CAP / MHRA / GPhC sign-off workflow with named reviewers and a recorded decision log.
Phase 5	Patient-safety completeness	Parallel · 4–6 weeks	On gated clinical-information areas, ensure balanced, non-misleading risk framing aligned with NHS patient information: common side effects, rare but serious harms, realistic outcome expectations and the role of ongoing reviews. Confine any hyperhidrosis or migraine content to clinical contexts and signpost to NHS pathways. Relocate the accreditation card to an about or governance section, separated from any medicine-specific content.

PHASE	WORKSTREAM	WINDOW	DETAIL
Phase 6	Post-rebuild validation	Before traffic restoration	Re-audit the rebuilt page end to end before any traffic is restored. Run a fresh element-by-element review against the same frameworks. Confirm no POM brand names, prices, before-and-after material, therapeutic-indication claims, superiority statements or doctor-endorsement quotes have re-entered the page or its inbound surfaces. Verify all MHRA-classification checks, substantiation packs and sign-off records are in place. Restore organic indexing and paid traffic only once validation is signed off and a recorded decision log is filed.

Disclaimer

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What is real is the method: a clinician-led claim-risk review of public-facing marketing wording against publicly available UK regulatory frameworks, including the CAP Code, the Human Medicines Regulations 2012, the MHRA Blue Guide, the ASA's Botox FAQs and CAP Bitesize advice, and the 2025 MHRA/ASA/GPhC joint reaffirmation. It is not legal advice, regulatory advice, medical advice, or a guarantee of compliance with the requirements of the ASA, CAP, MHRA, GPhC, JCCP, CQC, GMC, any other regulator or any advertising platform.

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