

Dermal Fillers Consent Form:

- To all patients requesting the administration of Dermal Fillers; they are used in the correction of moderate to severe facial wrinkles and folds. Patients must be aware that all medical and cosmetic procedures carry risks and may cause complications. The purpose of this consent form is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether to proceed with the cosmetic Dermal Filler procedure.

- **Procedure:**
 1. The product is administered by injection into the areas designated by the patient. The patient acknowledges their areas in which they would like to be filled with dermal filler and eliminate or reduce wrinkles and folds.
 2. A topical anesthesia is used to temporarily numb the areas to be injected. Using the topical anesthesia is optional, but will help limit the discomfort of the injection.
 3. The treatment site is first cleaned with an antiseptic cleaning solution.
 4. Dermal fillers are to be injected under your skin into the tissue of your face using a thin gauge needle.
 5. The depth of the injections will depend on the depth of the wrinkles and their location.
 6. Multiple injections may be made depending on the site, depth of the wrinkle and technique used.
 7. Following each injection, the injector should gently massage the correction site to conform to the contour of the surrounding tissues.
 8. If the treated area is swollen directly after the injection, ice may be applied on the site for a short period.
 9. After the first treatment, additional treatments may be necessary to achieve the desired level of correction.
 10. Periodic touch-up injections help sustain the desired level of correction.

- **Risk/Discomfort:**

1. Although a very thin needle is used, common injection related reactions could occur. These could include some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site, you could experience increases bruising or bleeding at the injections site if you are using substances that reduces blood clotting such as aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) such as Advil.
2. These reactions generally lessen or disappear within a few days, but may last for a week or longer.
3. As with injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken.
4. Some visible lumps may occur temporarily following the injection.
5. Some patient may experience additional swelling or tenderness at the injection site and on rare occasions, pustules may form. These reactions might last for as long as two weeks, and in appropriate cases, may need to be treated with oral anti-inflammatory (corticosteroids) or other therapies.
6. Dermal fillers should not be used in patients who have experienced hypersensitivity in the past, or those with severe allergies to latex or xylocaine products (including but not limited to: xylocaine, novacaine, zylocaine, benzocaine, prilocaine, or tetracain) and should not be used in areas with active inflammations or infections (pimples, rashes, cold sores, hives, cysts).
7. If you are considering laser treatments, chemical peels or any other procedure based on skin response after dermal fillers, or if you recently had such treatments done and the skin has not yet healed completely, there is a possible risk of an inflammatory reaction at the dermal filler implant site.
8. Most patients are pleased with the results of dermal fillers. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of dermal fillers can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to 1 year, involving additional injections for the effect to continue.
9. After treatment, you should minimize exposure of the treated area to excessive sun, or tanning beds and extreme cold weather until any initial swelling or redness has gone away.

- **Alternatives:**

- This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments include, but are not limited to BOTOX, laser skin procedures and cosmetic surgery.

- **Consent:**

- Your consent and authorization for this procedure is strictly voluntary. By signing this consent form, you hereby grant authority to your physician's office/authorized medical spa facility to perform Facial Augmentation and/or Filler Therapy injections using the Dermal Filler of your choice for any related treatment as may be deemed necessary or advisable in the treatment areas you so choose.
- The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to my satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.
- I have read this informed consent form and certify that I understand its contents in full. I have had enough time to consider this information from my physician's office/authorized medical spa facility, and I feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after being fully informed of the risks and benefits involved.

Print Name: _____ **Date:** _____

Patient/Client Signature: _____ **Date:** _____

Doctor/Injector Signature: _____ **Date:** _____