



INJECTABLE FILLER

JUVÉDERM®, JUVÉDERM® Ultra Plus, JUVÉDERM® Voluma, RESTYLANE®, PERLANE®, and RADIESSE®

CONSENT

Name of Patient: _____ **D.O.S** _____

It is the right to be informed about your condition and your treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so that you may give, or withhold your consent for treatment.

I _____, understand that I will be injected with a hyaluronic or calcium based dermal filler in the facial area. These injections are implanted intradermal through a fine-gauged needle or cannula into the area to be treated.

- I understand that these products are made up of hyaluronic or calcium based gel and that they are used as temporary filling agents for lines, wrinkles, and enhancement of facial structure.
- I understand that I may have but am not limited to the side effects of bruising, redness, lumping, accidental injection into facial arteries, migration of the product to other areas of the body and swelling of injection site and surrounding tissues. Large amounts of swelling and scar tissue may form around injection site lasting longer than several months (Less than 1% of patients.)
- I understand and will follow all pre and post treatment instructions.
- I understand that although this product is clinically effective with the majority of clients, this treatment is still cosmetic in nature and no guarantees can be made about the results you will see or possible side effects you might have.
- I understand that dermal fillers have on-label and off-label uses and that the medical staff have advised me on the risks and rewards to both as well as alternative treatments available to me.
- I have notified my doctor or registered nurse about any underlining medical issues or any allergies- especially those to bacterial proteins.
- I have advised the medical staff if I am pregnant, my become pregnant, or nursing.
- I understand that this is a cosmetic treatment and that payment for my treatment is due today. All prices are subject to change without notice depending on treatment performed.

This above list is not meant to be inclusive of all possible risks associated dermal fillers in general, as there are both known and unknown side effects and complications associated with any medication or dermal filler injection procedure. I understand that medical attention may be required to resolve complications associated with my injection.

I _____, release the medical staff including but not limited to the physician and registered nurse from any liability associated before, during, and after procedure. I certify that I am a competent adult of at least 18 years of age and that this consent form is voluntarily executed.

I do understand that before and after photos must be taken to monitor treatment progress.
I certify and agree that this constitutes full disclosure. I certify that I have read and fully understand the above information and that I had sufficient opportunity for discussion and/or to ask any questions. I accept the risks and complications of the procedure.
I certify I have received the Pre and Post instructions for the Injectable Filler

Patient's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____