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DERMAL FILLER CONSENT FORM

Dermal Filler Administration Consent

Dermal Filler is a gel of hyaluronic acid generated by streptococcus species of bacteria, chemically cross linked with BDDE, stabilized and suspended in physiologic buffer at PH=7 and concentration of 20 mg/ml. Areas most frequently treated are: nasolabial folds, oral commissures, lips, and Glabella. Client may experience a slight burning sensation during injections. The procedure takes about 20-30 mins. Results last approximately six months.

Risks and Complications

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, and bruising, 2) Unsatisfactory cosmetic result, 3) Post treatment bacterial, viral, and/or fungal infection requiring further treatment, 4) Allergic reaction

Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentation. I understand my identity will be protected.

Pregnancy & Allergies

I am not aware that I am pregnant, have any significant medical diseases, or have any severe allergies. I hereby voluntarily consent to treatment with Dermal Filler injection for the condition known as: Facial Static Wrinkles. The procedure has been explained to me. I have read the above statements and understand. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____