



Consent Dermal Fillers

Treatment with Restylane, Juvederm, and other dermal fillers can smooth out folds and wrinkles, add volume to the lips, and contour facial features that have lost their fullness due to aging, sun exposure, illness, etc. Facial fillers are a cosmetic treatment designed to provide a temporary correction of cosmetic imperfections. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected into the skin with a very fine needle or cannula. The products produce a natural volume under the wrinkle, which is lifted up and smoothed out. The results can often be seen immediately.

Risks & 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. **Facial bruising, redness, swelling, itching and pain.** These symptoms are usually mild and last less than a week but can last longer. Patient's who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.
2. **Nodules and palpable material.** You may be able to feel the filler material in the area where the product has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.
3. **Migration.** Filler may move from the place where it was injected.
4. **Infection.** All transcutaneous procedures carry the risk of infection. The syringe is sterile and standard precautions associated with injectable materials will be taken.
5. **History of herpes infection.** Filler carries the risk of a recurrence of an outbreak of herpes and that outbreak could be severe in nature.
6. **Allergic reactions.**
7. **Keloids/scarring.** Known susceptibility to keloid formation or hypertrophic scarring has not been studied.
8. **Accidental injection into a blood vessel.** Filler can inadvertently be injected into a blood vessel, which may block the flow of the blood vessel and cause local tissue damage or potentially even a stroke or blindness.
9. **Duration of effect.** The outcome of treatment will vary among patients. Most patients are pleased with the results of dermal fillers use. 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 treatment to achieve the results you seek. While the effects of Dermal fillers use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 4-6 months to one year, involving additional injections for the effect to continue.
10. **Sun Exposure.** Sun exposure should be minimized for approximately 24 hours after treatment or until any initial swelling or redness goes away.
11. **It is not recommended that you have dermal fillers injected if you are nursing or pregnant.**
12. **There are very rare times where people can develop delayed swelling or a delayed inflammatory nodule that seems to be triggered by some sort of immune system stimulation like an infection somewhere in the body or even after a vaccination.**
13. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after dermal filler treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site.

14. Dermal fillers should not be used in patients who have experienced this hypersensitivity, those with severe allergies, and should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).

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 & Disease

- I am not pregnant or trying to become pregnant
- I am not breastfeeding/lactating
- I do not have any major illnesses, including auto-immune issues or active cancer
- I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine or bee stings
- I am in an optimal state of health and have not been ill for the past 4 weeks
- I have not received any recent vaccines in the past 2 weeks
- I am not traveling outside of the country in the next 7 days
- I have not recently, nor am I planning any dental procedures in the next 4 weeks
- I am being honest and truthful about my medical history including sharing any past facial surgeries and previous injections

Procedure

1. This product is administered via a syringe, or injection, into the areas of the face sought to be filled with the hyaluronic acid to eliminate or reduce the wrinkles and folds.
2. An anesthesia, numbing medicine used to reduce the discomfort of the injection, may or may not be used.
3. The treatment site(s) is washed first with an antiseptic (cleansing) solution.
4. Dermal fillers are clear transparent gels that is injected under your skin into the tissue of your face using a thin gauge needle.
5. The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s)
6. Multiple injections might be made depending on the site, depth of the wrinkle, and technique used.
7. Following each injection, the injector may 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 of dermal fillers may be necessary to achieve the desired level of correction.
10. Periodic enhancement injections help sustain the desired level of correction.

Benefits

Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Its effect, once the optimal location and pattern of cosmetic use is established, can last 6 months or longer without the need for re-administration.

Alternatives

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: animal-derived collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants, or botulinum toxins that can paralyze muscles that cause some wrinkles.

Cost/Payment

The cost of treatment will be paid at time of service. We do not offer payment plans.

Results

I am aware that full correction is important and that follow-up enhancement treatments will be needed to maintain the full effects. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. The correction, depending on these factors many last 3-6 months and in some cases shorter and some cases longer. I have been instructed in and understand post-treatment instructions and have been given a copy of them.

I hereby voluntarily consent to treatment. The procedure(s) has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complication of the procedure. I certify that if I have any changes occur in my medical history, I will notify the office.

Alternatives to the procedures and options for correction for have been fully explained to me.

Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to your healthcare practitioner to perform facial augmentation and filler therapy injections using dermal fillers and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.

The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to your 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 and certify that I understand its contents in full. I have had enough time to consider the information from my healthcare practitioner and 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 my discussion with the healthcare practitioner.

I consent to photographs and digital images being taken to evaluate treatment effectiveness. No photographs or digital images revealing my identity will be used without my written consent. Before and after treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment. The nature of my medical or cosmetic condition has been explained to my satisfaction, as have been any substantial or significant risks of harm, I am also aware of and accept the risks of rare and unforeseen complications, which may not have been discussed and which may result from this treatment. I hereby release the Medical Director, Medical Aesthetician and TLC Laser & Skincare from liability associated with this procedure. I give my informed consent for treatment today as well as future treatments as needed.

PATIENT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

***If the patient is a minor or is mentally incompetent, signature of parent or legal guardian is required.**