



Consent for Dermal Filler Administration

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 minutes. 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) Post treatment bacterial, viral, and/or fungal infection requiring further treatment, 3) Allergic reaction. In the event the dermal filler is inadvertently injected into a blood vessel, there is risk of extensive tissue damage, requiring the injection of an enzyme to reverse the effect.

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.

Consent: I, _____,
(Print your name)

have read and understand this acknowledgement and consent to the specified treatment by Dr. Selvey. This consent may be revoked at any time.

Signature of Patient

Date

Neuromodulator Informed Consent

I, _____, understand that I will be injected with Botulinum Toxin in the area of the glabella muscles (the area between the eyes), and/or the forehead, and/or around the eyes (the Crow's Feet) to reduce the activity of these muscles temporarily for the purpose of wrinkle reduction. Botulinum Toxin injection has been FDA approved for use.

I understand the goal is to decrease the wrinkles in the treated area. The effect is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary treatments are available.

The possible side effects of Botulinum Toxin injection include but are not limited to:

1. Swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.
2. Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
4. A small percent of patients get headaches following treatment, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
8. While local weakness of the injected muscles is representative of the expected pharmacological action of Botulinum Toxin, weakness of adjacent muscles may occur as a result of the spread of the toxin.
9. Treatments: I understand more than one injection may be needed to achieve a satisfactory result.
10. A risk when injecting Botulinum Toxin around the eyes includes corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.
11. I will follow all aftercare instructions as it is crucial I do so for healing.
12. As treatment with Botulinum Toxin is not an exact science, there might be an uneven appearance of the face with some muscles more affected than others. In most cases this uneven appearance can be corrected by injection in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Botulinum Toxin as there are both known and unknown side effects associated with any medication or procedure.

Botulinum Toxin should not be administered to a pregnant or nursing woman. Additionally, the number of units injected is an estimate of the amount of Botulinum Toxin required to paralyze the muscles.



I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botulinum Toxin treatments with the above understood. I hereby release the doctor, the person injecting the Botulinum Toxin and the facility from liability associated with this procedure.

Consent: I, _____,
(Print your name)

have read and understand this acknowledgement and consent to the specified treatment by Dr. Selvey. This consent may be revoked at any time.

Signature of Patient

Date