**QWO® (Collagenase Clostridium Histolyticum -aaes) Injection Informed Consent**

This is an informed consent document, which has been prepared to help inform you about your **QWO®** procedure, the risks associated with this procedure, and alternative treatments. It is important that you read this information carefully and completely. After reviewing, please sign the consent authorizing the procedure to be performed.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all that apply**

* **Hypersensitivity to collagenase or any excipients**
* **Pregnant/Nursing**
* **Infection at the treatment sites**

**Before Receiving QWO® Treatment:**

* Avoid medications that inhibit clotting such as vitamin E, aspirin, or non-steroidal anti-inflammatory drugs for seven days prior to treatment.

**During QWO® Treatment:**

* You will feel multiple small needle injections in the buttocks

**After Receiving QWO® Treatment:**

* To stop any incidental bleeding from the injection, use a tissue and hand pressure
* Ice may be used for any discomfort but usually none is required
* Bruising at injection site is expected

I understand, I will be injected with QWO® **(Collagenase Clostridium Histolyticum -aaes)**  into the buttocks. QWO® **(Collagenase Clostridium Histolyticum -aaes)**  injection is indicated for improvement of the appearance of cellulite in adult women. The safe and effective use of QWO® for the treatment of cellulite outside the buttocks region has not been established and is not recommended, but still may be administered “off label”.

QWO® is injected into the buttocks (no more than 12 injections or 1mL). QWO® injections will be given at least 21 days apart for three consecutive treatments.

**RISKS AND COMPLICATIONS OF** QWO® **INJECTIONS**

Every injection of a drug involves a certain amount of risk. Below are risks reported during clinical studies that are specific to the injection of QWO® :

* QWO injections commonly cause injection site bruising, pain or discomfort, risk of nodule, itching or pruritus in the treatment area. These side effects typically resolve without treatment and do not commonly result in patients discontinuing treatment.

I certify I have truthfully and thoroughly completed, to the best of my knowledge, the patient contraindication section above. I certify I have read and understand the before and after care instructions for **QWO®** **.** It is fully recognized there are risks accompanying the performance of this procedure and that unforeseen consequences may occur. I therefore authorize the treating professional to perform the requested procedures and utilize his or her professional judgment necessary for the best possible desired result. The authority granted under this paragraph shall include all conditions requiring treatment and are not known to my treating professional at the time the procedure began. I understand the treatment protocol and accept the risks to undergo this procedure. Any questions I may have been answered satisfactorily.

*My signature certifies, I do understand the goals, limitations, alternative treatments, and possible complications of the* **QWO®** *procedure and I wish to proceed with the procedure*.

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Signature of Patient (or Guardian) Date



Signature of Practitioner