**Hyaluronic Acid dermal filler patient consent form**

This treatment uses dermal filer which consists of hyaluronic acid for injecting into the correct facial lines, wrinkles, folds, for lip enhancing and facial contours.

The dermal filler conforms to the correct safety standards in the UK. It is a non-permanent procedure lasting around 6-12 months and a repeat procedure may be required to maintain the results.

The area/s that we are proposing to treat is/are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The product we will be using is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Batch Number…………………………………………………

The methods of use and indications for this product have been explained to me by my practitioner and I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following:

• Due to the nature of the procedure, the occurrence of swelling and bruising is completely normal and differs from person to person in regards to severity. Noticeable swelling will subside within a few days and your lips along with any unevenness due to the swelling will settle within a week and at the very latest 10-14 days after your treatment. • Other types of reactions are very rare, a small number of people have experienced localised reactions thought to be of a hypersensitivity nature. These have usually consisted of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness and rarely acne-like formations have also been reported. • Your aftercare must be followed to avoid infection and obtain the best results

I understand that I should contact my practitioner directly and immediately if I have any concerns relating to the treatment. Each treatment will be charged for individually, according to the amount of material used.

I agree to hold my practitioner free and harmless from any claims, or suits or damaged for any injury or complication that may result from this treatment.

I hereby authorise my practitioner to administer such treatment to me.

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Practitioners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioners Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Photograph sharing consent:

Your specialist practitioner may ask to share your before and after results with other clients and on social media platforms. These photos will only show the area that you have had treated (with an addition, if I send a healed full-face photograph to my practitioner she may/may not also use this photograph with my full permission). By law, your practitioner is required to take before and after photographs for insurance purposes.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_