

**INFORMED CONSENT FOR TREATMENT**

Being fully informed will help you make the decision whether or not to undergo treatment. This disclosure is not meant to alarm you; it is to inform you so you may give or withhold your consent for this treatment, and encourage you to bring your concerns and questions to any of our medical staff.

**OVERVIEW AND OBJECTIVE**

**NEUROMODULATORS**

Botulinum-based neuromuscular blocking medications may be used to temporarily weaken the strong expressive muscle contractions. They can be used for areas around the face and neck for aesthetic purposes. The objective is temporary selective relaxation of expressive muscles that, over time, cause wrinkles to form in the overlying skin. In that regard, these muscle relaxing medications play a preventative role in the deepening of expressive lines over time. They also help to minimize the ability of these muscles to create expressions often associated with being tired, bothered, or upset. They should not be considered a method for 'erasing' lines. Maximum results may take up to 2 weeks to become evident and typically fade by 3-6 months. Botox and Dysport have been approved by the FDA for the treatment of certain expressive lines on the face.

**INJECTABLE FILLERS**

Injectable fillers are gel-like substances that are injected underneath the skin where moderate to severe facial wrinkles and folds occur. The goal is to enhance the appearance of a fold or wrinkle by adding volume underneath it – thereby softening the contour of the area. This enhancement is temporary and should not be considered a method for 'erasing' lines. Maximum results are usually evident at the time of injection and typically fade by 9 to 12 months. Juvederm, Voluma, Radiesse, Restylane, Perlane, and certain other fillers have received FDA approval for the use in cosmetic treatments of moderate to severe facial wrinkles, such as nasolabial folds (folds from the nose to the mouth area).

**RISKS**

**NEUROMODULATORS**

Temporary bruising and swelling may occur at the injection site. Other rare side effects include headache, respiratory infection, temporary eyelid or brow ptosis (droop), other unintended regional muscle weakness (muscle facial expression), flu-like symptoms, and nausea.

**INJECTABLE FILLERS**

Bruising, redness, swelling, itching, bleeding, or tenderness may occur at the injection site. These symptoms are usually mild and typically last less than a week. In very rare instances things such as infection, skin necrosis, allergic reaction, scarring, keloid formation and visual impairment (for treatment around the eyes) have been reported. Some fillers are pre-mixed with the anesthetic 'lidocaine' – patients allergic to lidocaine should notify their provider. I understand that it is my responsibility to alert the medical staff if I become concerned about any side effects.

Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, coumadin, or certain vitamins and supplements may experience increased bruising or bleeding at the injection site. Injectable medications should be avoided if there is an infection at the injection site.

**TOPICAL & LOCAL ANESTHESIA**

I understand that most of Erik Schraga, MD non-surgical procedures are performed and tolerated well with no anesthetic, however any injection may cause some discomfort. The medical provider may choose to use a topical anesthetic to help lessen the discomfort of treatment in the desired area. I understand that topical anesthetics contain medications similar to Lidocaine, Benzocaine, or Tetracaine and are considered safe to use in small treatment areas. Some individuals may have a sensitivity or allergy to these medications. I will alert my treatment provider if I am known to have this type of allergy. Topical anesthetics are known in very rare instances to have cardiac side-effects that could result in damage to the heart or other organ systems. I will notify my provider of any known heart condition.

I understand that in some circumstances the use of injectable local anesthesia (eg. Lidocaine) may be advisable for optimizing comfort. Local anesthesia often contains epinephrine (adrenaline). While generally safe, all anesthetic agents carry some risk. Even when properly administered, patients may experience unintended reactions to local anesthetics. There is the rare possibility of complications, bodily injury, and even death from all forms of anesthesia and sedation (including local anesthesia). Severe allergic reactions may occur. Anesthetic agents may compound underlying heart, blood pressure, lung, liver, kidney, neurologic, or other system conditions. Patients may experience chest pain, breathing irregularities, muscles spasms, dizziness, disorientation, loss of consciousness, palpitations or other heart related symptoms. There is a small risk of inadequate or prolonged local or regional anesthesia, and of temporary prolonged or regional muscles weakness. I have discussed with my physician/ provider any problems or complications I have had with anesthesia in the past.

**MULTIPLE TREATMENTS & RESULTS**

I understand that the beneficial aesthetic results from the injectable treatments discussed herein will be temporary and that multiple treatments over time are needed for maintenance of optimal results. I understand that no guarantees can be, or have been, made concerning expected results, and that several sessions may be needed to refine or optimize the results. Despite each provider's skill and experience, no provider or patient is immune from risk or complications. I understand that despite 'Best Practices', there is inherent variability between treatments that may render differing results from treatment to treatment and from provider to provider. I understand that I will be charged for any additional products and services provided after the initial treatment even though they may relate to the initial treatment and its outcome.

**ALTERNATIVES**

I understand that this is an elective procedure and other options for treatment are available. These include using cosmetics, skin care products, surgical procedures, other dermal fillers, chemical peels, and laser skin surface treatments. An alternative is to accept my present skin appearance and condition and not pursue any treatment. With these alternatives in mind, I am choosing to proceed with this form of treatment.

**PRE/POST PROCEDURE CARE**

I acknowledge that I have received pre/post procedure instructions. I understand that complying with these instructions may impact my care and treatment outcomes. These instructions have been explained to me and I will adhere to them as outlined. I acknowledge that not complying with the instructions could increase the possibility of complications.

**CONTRAINDICATIONS**

I am not pregnant or breast-feeding. I do not have a neurologic or neuromuscular disorder. I do not have a history of eyelid ptosis (drooping). I affirm that I have been candid in revealing any condition that might affect this treatment, such as medications and previous or recent skin treatments or conditions. Allergan has identified sensitivity to **Juvederm** in patients allergic to gram positive bacterial proteins. Bioform Medical has identified sensitivity to **Radiesse** in patients allergic to carboxymethylcellulose, sterile water for injection, or glycerin.

**PRICING**

The fee structure for individual and multiple treatments has been fully explained to me. I acknowledge that I will be charged for any additional/future products or services provided even though they may relate to the initial treatment and its outcome.

**PHOTOGRAPHS**

Erik Schraga, MD is committed to protecting the privacy of all patients' medical information. Unless further consent is obtained, photos taken of treatment areas will be used solely for the purpose of completing your medical records and assessing care. From time to time, we may ask patients for their consent to share pre/post treatment photos for educational, training, marketing, and/or publication purposes. If you are interested in being considered for these purposes, please let the team know.

I have read and understand this agreement and have had the opportunity to ask questions regarding treatment. The risks, benefits, alternatives, and indications have been explained to my satisfaction via consultation and by way of this consent form. I understand that there is no guarantee, implied or expressed, as to the outcome. I consent to the terms of the agreement.

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PRINT NAME

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SIGNATURE

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DATE

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MEDICAL PROFESSIONAL

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SIGNATURE

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DATE