

## Patient Consent Form

### *Juvéderm® Dermal Filler Injections ('dermal filler injections')*

**To the patient:** This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that Megan Eppens, FNP-BC, attempt to improve my facial lines and enhance certain facial features (e.g., lips) using a dermal filler called Juvéderm®. Juvéderm® is a hyaluronic acid gel that has been approved by the FDA for cosmetic correction of facial wrinkles in the nasolabial area and the folds between the cheek and the nose/upper lip ("on-label" use). Injections in other areas of the face (e.g., jaws, chin, jowls, cheeks, etc.), to improve volume/fullness, can be performed but the FDA has not approved all potential uses ("off-label" use). The results of these cosmetic injections are often dramatic, although the practice of medicine is not an exact science, and no guarantees can be or have been made concerning expected results.

Dermal filler injections contain a local anesthetic, directly within the syringe, to minimize discomfort. Ongoing treatments are necessary to maintain the effect of the dermal filler over time; they do not stop the aging process. Once injected, dermal fillers will be slowly absorbed by the body. The length of effect for filler injections is variable and depends on the person, the specific type of dermal filler, and other variables. On average, you can expect the fillers to last anywhere from 6-18 months. Please speak with your provider to understand which filler will be utilized (depending on the area of your face) and the recommended re-treatment schedule.

The possible side effects of dermal filler injections include but are not limited to:

- 1.) **Normal occurrences during dermal filler injections: bleeding, swelling, skin redness, needle marks, skin lumpiness, asymmetry, pain at the injection site, and bruising**
- 2.) **Other potential risks of dermal filler injections:**
  - a. Temporary or permanent damage to deeper structures (e.g., nerves and blood vessels)
  - b. Skin necrosis
  - c. Keloid formation or hypertrophic scarring
  - d. Antibodies to hyaluronic acid could reduce effectiveness or produce a possible negative reaction
  - e. Unintended migration of dermal filler injections into adjacent facial areas
  - f. Drug and local anesthetic reactions
  - g. Bacterial, viral, and fungal infections
  - h. Allergic reactions and hypersensitivity
  - i. Accidental intra-arterial injection producing a blockage of blood flow
  - j. Under/over correction
  - k. Bruising is possible anytime you inject a needle into the skin and can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent

While effects beyond the local area being injected are extremely unlikely, they are not impossible. If I have trouble swallowing, talking, or breathing, or have slurred speech or muscle weakness I will seek emergency medical care immediately. Furthermore, I will follow all aftercare instructions as described by my provider to ensure appropriate healing.



Dermal filler injections are not an exact science and there might be an uneven appearance of the face after redness, swelling and other normal occurrences subside. In most cases this uneven appearance can be corrected by more dermal filler injections or an injection of hyaluronidase in the same facial areas. However, in some cases this uneven appearance can persist for several weeks or months without correction.

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

Dermal filler injections should NOT be administered to pregnant or nursing women. Furthermore, it is important to inform your provider if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications, including antibiotics, may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Additionally:**

I understand that I am having dermal filler injections for cosmetic purposes only. These injections are not being used to treat a specific medical condition(s). No suggestion of benefit of dermal filler injections for any medical conditions have been made by Megan Eppens, FNP-BC, or her staff.

I understand that the results are temporary, and several sessions may be needed for optimal results (although unlikely). Continuing treatments are necessary to maintain the effect of the dermal filler injections over time. No guarantee has been made as to the outcome of my being treated with these dermal filler injections, and I understand that the results may not be satisfactory to me.

I consent to the photographing of the procedure(s) to be performed and stored in this clinic's electronic health record (EHR) system, including appropriate portions of my face, for medical, scientific, and educational purposes. Furthermore, before and after photographs may be used for promotional purposes while always maintaining complete patient confidentiality.

I understand and agree to all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I hereby give consent to perform this and all subsequent dermal filler injection treatments with the above understood. I hereby release Beauty By ME, LLC, Megan Eppens, FNP-BC, the person injecting the dermal filler, and the facility from liability associated with this procedure.

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Patient Printed Name

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Patient Signature

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Date: