Informed Consent- Filler Injections

This is an informed-consent document which has been prepared to help your provider inform you concerning tissue filler injections therapy, its risks and alternative treatments.

This consent covers injection using:

JUVÉDERM® XC, JUVÉDERM® Ultra XC, JUVÉDERM VOLUMA® XC, JUVÉDERM VOLLURE™ XC, JUVÉDERM VOLBELLA® XC

General Information

The injection will utilize a stabilized Hyaluronic Acid Filler use to smooth moderate to severe facial wrinkles and folds around the nose and mouth or space facial contours. Semi-permanent filler injections are customized for every patient, depending on his or her particular needs. These can be performed in areas involving the face and eyelids region, forehead, and lips. Filler cannot stop the process of aging. They can however, temporarily diminish the loos of wrinkles and soft tissue depressions. Continuing treatments are necessary in order to maintain the effects of fillers over time. Once injected, filler will be slowly absorbed by the body. The length of effect for injections is variable.

Alternative Treatments

Alternative forms of management include not treating the skin wrinkles or soft tissue depressions by any means. Improvement of skin wrinkles and soft tissue depressions may be accomplished y other treatments: laser treatment, chemical skin-peels, dermabrasion, or other skin procedures. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

Risk of Filler Injections

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations.

Bleeding and Bruising: It is possible, though unusual to have a bleeding episode from a filler injection or local analgesia used during the procedure. Bruising in soft tissues may occur. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, gingko biloba and other “herbs / homeopathic remedies” may contribute to a greater risk of bleeding problem. Do not take any of these for seven days before or after filler injectables.

Swelling (edema) is a normal occurrence following the injections. It decreases after a few days. If swelling is slow to resolve, medical treatment may be necessary. Discomfort associated with injections is normal and usually of short durations

Needle Marks, Acne-Like Skin Eruptions, Skin Sensitivity, Erythema (Skin Redness), Under/ Over Correction, Asymmetry, Damage to Deeper Structures, Skin Lumpiness, Visible tissue Filler Material, Granulomas, Migrations of Filler, Skin Necrosis, Allergic Reactions and Hypersensitivity, Drug and Local Anesthetic Reactions, Antibiotics to Fillers, Accidental Intra- Arterial Injections, Scarring, Unsatisfactory Result

Infection following injection of tissue fillers is rare, but can occur. Herpes simplex virus infections around the mouth can occur following a tissue filler treatment. This applies to both individuals with a past history of Herpes simplex virus infection and individuals with no know history of Herpes simplex virus infection in the mouth area. Specific medications must be prescribed and taken both prior to and following the treatment procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

Animal reproduction studies have not been performed to determine if Filler could produce fetal harm. It is not recommended that pregnant women receive filler treatments. Please inform your provider if you suspect you may be pregnant.

Informed Consent- Filler Injection

I hereby authorize DS-DiAngelis Skin and Lips Amber Hawkins FNP-C to perform the following:

1. Procedure or treatment: injection of JUVÉDERM® XC, JUVÉDERM® Ultra XC, JUVÉDERM VOLUMA® XC, JUVÉDERM VOLLURE™ XC, JUVÉDERM VOLBELLA® XC
2. I understand what my provider can and cannot do, and I understand there are no warranties or guarantees, implies or specific about my outcome. I have had the opportunities to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
3. I consent for clinical photographs.
4. It has been explained to me in a way that I understand. There may be alternative procedures or methods of treatment. There are risks to the procedure or treatment proposed.

Patient Signature Date

Provider Signature Date