

ESTHETIC BOUTIQUE MED SPA

Dermal Filler Informed Consent

Patient name: _____

I, _____ have been informed by Dr. K. KANDO and/or any qualified member of her staff, of my treatment options, secondary and unwanted side effects or potential transient or permanent damage to my skin that may result from this procedure. I understand that, with any treatment, certain risks are involved and that complications or side effects from known and unknown causes could occur. I freely assume the risks.

Procedure

Dermal fillers are injected into the skin with a very fine needle. These products restore volume under a wrinkle, crease or fold. The results can often be seen immediately. Hyaluronic acid (Restylane or Juvederm) or calcium hydroxylapatite (Radiesse) do not require skin testing - and the rate of allergic reactions are very low. Notify us if you are susceptible to keloid scar formation, hypertrophic scarring and skin discoloration disorders.

RISKS AND COMPLICATIONS:

It has been explained to me that there are certain inherent and potential risks and side effects in any procedure, such as:

- Post treatment discomfort, swelling, redness, bruising and discoloration;
- Post treatment infection associated with any transcutaneous injection;
- Reactivation of herpes (cold sores). Patients with a history of cold sores are required to begin treatment with an antiviral medication 5 days prior to injection and to continue 5 days after, to prevent a flare-up;
- Granuloma formation, lumpiness, or visible yellow and/or white patches can develop in approximately 20% of cases;
- Localized necrosis and /or sloughing, with scab and/or without scab if blood vessel occlusion occurs;
- Avoid dental work or vaccinations 2 weeks prior and after treatment.

We recommend Bromelin and Arnica to reduce the risk of bruising, swelling and inflammation. Also, it is highly recommended that the application of a compounded topical anesthetic cream (by prescription only) be applied one hour prior to treatment, which decreases the needle sensation during the treatment. This product is more effective than both the pharmaceutical and the over the counter lidocaine cream.

RESULTS

I am aware that full correction is important, and that follow-up touch ups/treatments will be needed to restore volume loss. I am aware that the duration of treatment is dependent on many factors including but not limited to facial aging, age, sex, tissue condition, general health, lifestyle condition and sun exposure. The correction, depending on these factors may last 9-12 months - and in some cases longer. I have been instructed in, and understand, post treatment instructions and have been given a copy of them.

I understand the results of the treatment will vary according to the area and person receiving the procedure. I am also aware that I may require more syringes of dermal fillers than anticipated to fill a wrinkle or skin fold or add volume to my face or hands.

Client Signature

Date