



BOTOX/DERMAL FILLER CONSENT FORM

I, _____, understand that I will be injected with FDA-approved Botox and/or dermal filler for cosmetic purposes. I understand this treatment may be temporary and re-injection may be necessary after 3-9 months depending on type of filler or product used.

The following complications may occur with dermal filler injection procedures:

1. **Risks: I understand there is a risk of bruising, redness, swelling, pain at the injection site, tenderness, itching, allergic reaction, and raised bumps of skin (nodules).** These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases bruising can last several months and even be permanent.
2. **Infection:** Post-treatment bacterial, viral and/or fungal infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. **Effectiveness:** Treatments can last anywhere from 3-9 months, up to one year depending on product used.
4. **Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.
5. **Allergic Reactions:** In rare cases, there may be an allergic reaction to the injection.
6. **There is a risk of scarring.**
7. **Post-Treatment:** I will follow all aftercare instructions as it is crucial I do so for healing. **Avoid** drinking alcohol or any exercising for 24-48 hrs. after treatment. Minimize pressure to the area. Do not expose any intense heat such as sauna, sunbathing, tanning, hot wax, or tub activities until swelling is resolved. To alleviate pain, take Tylenol. If symptoms such as pain, heat, and/or surround redness persist 10 days after treatment, please call the office.

As dermal fillers are not an exact science, there might be an uneven appearance of the face with some areas more affected by the fillers than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. However, in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with dermal fillers as there are both known and unknown side effects associated with any medication or procedure. I acknowledge before administration of any injections; I have been evaluated and/or cleared for any dermal filler procedure by our Medical Director or Nurse Practitioner. **A \$30 one-time initial medical clearance fee is required for all services; fillers, Botox, PDO threads, and PRP/PRF. This charge must be rendered upon booking a consultation.**

There is no guarantee of results of any treatment. Regular charges apply to all subsequent treatments. I understand and agree that all services rendered are charged directly to me. I am personally responsible for payment.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this procedure and all subsequent dermal filler treatments. I hereby release the doctor, the person injecting the dermal filler and the practice from liability associated with this procedure.

Signature

Date