

Patient no.:



CANDY SKULL AESTHETICS

DERMAL FILLER * CONSENT FORM

PERSONAL INFORMATION

DATA:

FIRST NAME

LAST NAME

ADDRESS

CITY

POST CODE

DATE OF BIRTH

COUNTY

PHONE

EMAIL

YES NO

(Your email address will be used for appointment confirmations, and quarterly newsletters)
If you would like to subscribe to our newsletter and promotions please select YES or NOT

HOW DID YOU HEAR ABOUT US?

WORD OF MOUTH LEAFLET INTERNET OTHER

Are you currently taking any medication?

YES NO

PLEASE LIST THEM

Have you had any treatment with dermal fillers before such as absorbable dermal fillers, semi permanent dermal fillers, or botulinum toxin?

YES NO

PLEASE LIST THEM

As far as you know do you have any allergies?

YES NO

PLEASE LIST THEM

Have you recently received your COVID-19 vaccination?

YES NO

PLEASE LIST THEM

Are you pregnant or breast feeding?

YES NO

Are you trying to get pregnant?

YES NO

**PLEASE SELECT IF YOU YOU SUFFER FROM ANY OF
THE CONDITIONS LISTED BELOW**

Auto-immune disease

Cutaneous [skin] infection or inflammatory problems

Acute rheumatic fever or recurrent sore throat

Epilepsy

Hypertrophic scarring

Cardiac conduction disorders [heart rhythm problems etc.]

Reacted to hyaluronic acid, amide type local anesthetics or lidocaine

Other

PLEASE GIVE DETAILS

PURPOSE OF THE CONSENT:

To provide written information regarding the risks, benefits, and alternatives of the Hyaluronic Acid Filler such as Restylane®, Juvaderm, & Belotero. [Non-Animal Stabilized Hyaluronic Acid], this consent is written. It is important that the patient should fully understand the treatment priorly. Before signing the consent, the patient should ask any of the questions regarding the treatment, Hyaluronic Acid Filler, and procedures to their doctor or healthcare professional.

THE TREATMENT INFORMATION:

All mammals have hyaluronic acid naturally and it contains several soft tissues. This acid can also be produced synthetically. Dermal Fillers use hyaluronic acid which is a non-animal product, so the risk of animal-based disease or allergy is low. To lessen the discomfort, the injections contain a local anesthetic. For lasting effects, the treatment should continue. After injection, the body absorbs dermal fillers slowly and the length of the effect depends on the person.

RISKS AND SIDE EFFECTS:

The possible side effects are listed below. However, the patients should be aware that there may be unique effects to certain people that are not known right now. Some possible occurrences during Tissue Filler Injections: Bleeding and Swelling, Erythema [Skin Redness], Needle Marks, Acne-Like Skin Eruptions, Skin Lumpiness, Visible Tissue Filler Material, Asymmetry, Pain.

Risks of Dermal Filler Injections: Damage to Deeper Structures, Infection, Skin Necrosis, Allergic Reactions and Hypersensitivity, Scarring, Granulomas, Antibodies to Fillers, Accidental Intra-Arterial Injection, Under /Over Correction, Migration of Dermal-Fillers, Drug, and Local Anesthetic Reactions.

LIMITATIONS AND ALTERNATIVES:

From time to time, there are cases that the treatment could not be successful or wears off quickly. Alternatives may include; laser treatments, chemical skin peels, other skin procedures, or alternative types of tissue fillers.

I AGREE TO THE FOLLOWING:

- I have been given enough information about the treatment I am to receive and informed about the procedure. I got the detailed explanation of the procedure I am to undergo. I understand the aims and objectives of the treatment completely. They have given me the opportunity to ask all remaining questions I may have about the treatment, and I answered them to the best of their ability. Having considered all aspects, I have decided to have this treatment of my own accord with sole intention the anticipated benefit from the same, provided by my therapist performing the treatment procedure. I understand that I will not be able to sue my therapist in case of any complications or be entitled to a refund if I am not happy with my procedure.

- The alternative treatments including topical creams, chemical peels, laser, surgical denervation, forehead/brow lift, facelift, or hyaluronic acid are considered by me and I elected that Botulinum toxin is the best one for me.

- I have given enough time to consider this treatment and I have answered a detailed medical history form above to the best of my knowledge.

- I agree to follow advices given to me after treatment.

- ACCORDING TO THE INFORMATION ABOVE, I AM GIVING CONSENT TO RECEIVE THE TREATMENT BY MY THERAPIST.

Signature

DATA: