

Age Defier RN LLC

Patient Consent Form for “Dermal Filler”

Indications: Dermal fillers are sterile injectable material consisting of mainly Hyaluronic acids, Calcium Hydroxyapatite and Poly-L-Lactic acid molecules with or without lidocaine (numbing solution). These are non-permanent and metabolized by the body. Filler injections are given to temporarily correct facial wrinkles, lines, folds, scars and for lip augmentation or replacement of volume loss to the face, cheeks, orbital rims, nose, temples, hands neck, etc. Some of the fillers have been approved by the FDA (Food and Drug Administration) for correction of facial wrinkles, lines, lip and cheek augmentation and are considered for “on-label” use. Most fillers however are also used “off-label” for the lips, eyelids, nose, cheeks, temples, neck, hands, and other cosmetic corrections. I understand that the safety and effectiveness of treating other areas “off-label” has not been studied. Fillers, however, have been extensively used in all areas of the face and some areas of the body. This “off-label” aspect of the treatment has been explained to me.

Alternatives: There are alternatives to the specific filler injections listed above including no treatment, collagen, fat injections other facial soft tissue augmentations or implants, other wrinkle reduction techniques include Botox, laser skin resurfacing, chemical peels and plastic surgery.

Results: I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and additional treatments are necessary to maintain the desired effect. Results depend on the filler as well as the amount or volume of the filler. Using multiple syringes often results in more dramatic improvement of wrinkles. I understand that I am responsible for the cost of each filler syringe and treatment without a guarantee of results.

Side Effects and Complications: Include but are not limited to:

- Potential allergic reaction. As with any product, allergies can develop during or after injection. Patients with known allergies to these fillers or certain food allergies or numbing medications should avoid these injections.
- Injection site reactions: Lumpy or “thick feeling” at or just under the skin, bruising, hematoma, swelling, redness, discoloration, induration, scars, vascular occlusion itching, pain, nerve damage, infection, over-correction, granulomas, palpable or visible material, blindness, tenderness, asymmetry, or shifting can occur.
- Injections into the lip could trigger a recurrence of facial cold sores (Herpes Simplex Infections) for patients with a prior history of cold sores.
- Further treatment for additional improvement, or correction of side effects or complications may be necessary. I understand I am responsible for all such costs.
- I understand that the majority of humans have facial asymmetry and therefore perfect symmetry is unrealistic in most cases.

Precautions and Contraindications:

- Due to potential risk for an allergic reaction, fillers are not recommended for patients with severe allergies or a history of anaphylaxis to components of the particular filler.
- The risk of bruising or bleeding may be increased by medications with anticoagulant effects such as aspirin, and non-steroidal anti-inflammatory drugs.
- (i.e., Ibuprofen, Aleve®, Motrin®, Celebrex, etc.), high doses of Vitamin E, herbal supplements (i.e., Ginkgo Biloba, St. John's Wart, Flaxseed, Fish Oil, Omega 3's etc.).
- Alcoholic beverages can also increase chances of bruising and bleeding and should be avoided prior to treatment.
- The safety of fillers in pregnant and breastfeeding women has not been studied and is therefore not recommended for these individuals.

Consent: I understand the possible need for local anesthesia to reduce the discomfort of the procedure and consent to the topical application of anesthetic gel/and or injection of anesthetic for a nerve block or local infiltrative anesthesia. I consent to the photographing of the procedure(s) to be performed, including appropriate portions of my face or treated areas for medical, scientific, or educational purposes. (initial here)

I understand the above, and have had the risks, benefits, and alternatives explained to me. I have had the opportunity to ask questions and to refuse treatment. I have chosen this treatment voluntarily and understand no guarantees about the results have been made. Further treatments may be needed. Payments are non-refundable. To the best of my knowledge, I am not pregnant, and I am not breastfeeding. I give my informed consent for filler injections today as well as subsequent treatments as needed by Gail Gomez RN, BSN.

Patient signature _____ Date _____

Provider signature _____ Date _____