



Hyaluronic Acid Fillers Consent

The purpose of this form is to provide written information regarding the risks, benefits, and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor or health care provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor or health care provider prior to signing the consent form.

INDICATIONS

Dermal fillers are injectable gels which are injected into areas of facial tissue to soften moderate to severe facial wrinkles and folds, add volume to the lips, and contour facial features that have lost their volume and fullness due to the normal aging process as well as those effects of sun exposure. Fillers temporarily add volume to the skin and subcutaneous tissues, may give the appearance of a smoother skin surface, and may help smooth moderate wrinkles. Fillers may also be used to add volume to lips and soften fine lines around the lips. These dermal fillers are injected under the skin with a very fine needle or a cannula. Correction is temporary, therefore touchup injections as well as repeat injections are needed to maintain optimal results. Less product (about half of the original amount) is typically needed for repeat injections. Multiple treatments may be needed to achieve optimal wrinkle smoothing. Results may last as long as 9-24 months depending on the product used and area injected. **INITIAL** _____

ALTERNATIVES

Other treatments for dermal soft tissue augmentation do exist and include, but are not limited to: facial creams, tretinoin (Retin-A), neuromodulators such as Botox or Dysport, chemical peels or lasers, or surgical intervention. **INITIAL** _____

RISKS AND POTENTIAL COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk free. Most side effects are mild to moderate in nature, with a duration typically lasting 7 days or less. The most common side effects include, but are not limited to: temporary injection site redness, pain/tenderness, firmness, swelling, lumps or bumps, bruising, itching, infection and discoloration. Allergic reactions are unusual but possible. Reactivation of herpes (cold sores) is possible and you should tell your provider if you have a history of cold sores or herpes prior to undergoing treatment. A granuloma is also uncommon but can occur. This condition would require removal of the filler product with hyaluronase, and followup treatment by the provider is advised. Other more severe complications are rare but can occur. These include occlusion of a blood vessel that could cause vision loss including blindness and tissue necrosis. Such conditions might require hospitalization and extended outpatient treatment if they occur. **INITIAL** _____

CONTRAINDICATIONS TO TREATMENT

Hyaluronic acid fillers should not be used if you have:

- Severe allergies marked by a history of anaphylaxis or a history of severe multiple allergies.
- A history of allergies to Gram-positive bacterial proteins.

The following are important treatment considerations for you to discuss with your provider and understand in order to help avoid unsatisfactory results and complications. Please inform your provider prior to treatment:

- If you are using substances that can prolong bleeding, such as aspirin or ibuprofen. You may experience increased bruising or bleeding at the site of injection.
- If you are on immunosuppressive therapy used to decrease the body's immune response as you may have an increased risk of infection.
- If you have a history of excessive or hypertrophic scarring, keloid formations, or pigmentation disorders.

If laser treatment, chemical peel, or any other procedure based on active dermal response is considered after treatment with HA fillers, there is a possible risk of an inflammatory reaction at the site. The safety and efficacy of Juvederm injectable gel for the treatment of areas other than facial wrinkles and folds (such as lips) have not been established in controlled clinical studies. Use in patients under the age of 18 has not been established.

PREGNANCY AND ALLERGIES

I am not aware that I am pregnant. I am not trying to get pregnant. I am not breastfeeding. I do not have and have not had any major illness which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine. **INITIAL** _____

ALTERNATIVES TO TREATMENT

Alternatives and other options to this procedure have been discussed and fully explained to me. **INITIAL** _____

RESULTS

Dermal fillers have been shown to be safe and effective when compared to other skin implants and related products to fill in wrinkles and folds. Results can last up to 2 years. Most patients are pleased with the results of the dermal fillers. As with any aesthetic procedure, however, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. Dermal fillers provide temporary results and additional treatments will be required to maintain the full effects. I am aware the duration of treatment is dependent on many

factors, including but not limited to: age, sex, tissue conditions, my general health and life style conditions such as smoking and sun exposure. The correction depending on these factors may last 6-12 months and in some cases shorter or longer. **INITIAL** _____

POST TREATMENT CARE

In the first 24-48 hours after injection you should avoid strenuous exercise and extensive sun or heat exposure. Exposure to any of the above may cause temporary redness, swelling, or itching at the site of injection. Intermittent cold packs can be applied to the area to help decrease swelling and bruising. Arnica can be used for faster resolution of bruising and swelling. Makeup may be applied 24 hours after treatment. Report any intense pain, swelling, or discoloration to your provider immediately. Our main office phone number is (864) 622-5005. **INITIAL** _____

PATIENT'S ACCEPTANCE OF RISKS

I understand that this is an elective procedure and I willingly give my consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, and to replace facial volume. The procedure including risks and benefits has been explained and I understand that it is impossible for the health care provider to inform me of every possible complication that may occur. The alternatives to this treatment have also been discussed with me. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and that no guarantees are implied as to the outcome of the procedure. I also certify that that if I have any changes in my medical history I will immediately notify the healthcare provider who treated me. **INITIAL** _____

PATIENT NAME _____

PATIENT SIGNATURE _____

DATE _____

I am the treating health care provider. I have discussed the above risks, benefits, and alternatives with this patient. The patient has had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should he or she have any questions or concerns after this procedure.

PROVIDER NAME _____

PROVIDER SIGNATURE _____

DATE _____