



INFORMED CONSENT FORM: DERMAL FILLER TREATMENT

The purpose of this informed consent 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/healthcare 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/healthcare professional prior to signing the consent form.

THE TREATMENT

- This product is administered via syringe, or injection, into the areas of the face sought to be filled with dermal filler to eliminate or reduce the wrinkles and folds.
- An anesthesia, numbing medicine used to reduce the discomfort of the injection, may or may not be used.
- The treatment site(s) is washed first with an antiseptic (cleansing) solution.
- Dermal fillers are to be injected under your skin into the tissue of your face using a thin gauge needle.
- The depth of the injection will depend on the depth of the wrinkle and their location.
- Multiple injections may be made depending on the site, depth of the of the wrinkle and technique used.
- Following each injection, the injector may gently massage the correction site to conform to the contour of the surrounding tissues.
- If the treated area is swollen directly after the injection, ice may be applied on the site for a short time.
- After the first treatment, additional treatments may be necessary to achieve the desired level of correction. Full correction is not guaranteed after one treatment, and complete symmetry may not be achieved.
- Periodic touch-up injections help sustain the desired level of correction.

RISK/DISCOMFORT

- Although a very small needle is used, common injection related reaction could occur. Likely effects include some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substance that reduce blood clotting such as aspirin or non-steroidal anti-inflammatory drugs such as Advil or Ibuprofen.
- These reactions generally lessen or disappear within a few days, but may last for a week or longer.
- As with injections, this procedure carries a risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken but infection of the injection site is a possibility.



- Some visible lumps may occur temporarily following the injection. After the swelling has gone down, you may be able to feel bumps but they should no longer be visible.
- Some patients may experience additional swelling or tenderness at the injection site and on rare occasions, pustules may form. These reactions might last for as long as two weeks, and in appropriate cases, may need to be treated with oral corticosteroids and other therapies.
- Dermal fillers should not be used in patients who have experienced hypersensitivity, those with severe allergies to latex or xylocaine products (including but not limited to: xylocaine, novacaine, zylocaine, benzocaine, prilocaine, or tetracain) and should not be used in areas with active inflammation or infections (e.g. cysts, pimples, rashes or hives).
- If you are considering laser treatment, chemical peels or any other procedure based on skin response after dermal fillers, or if you recently had such treatments and the skin is not healed completely, there is a possible risk of inflammatory reaction at the implant site.
- Most patients are pleased with the results of dermal fillers. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles or folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of dermal fillers can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to a year, involving additional injections for the effects to continue.
- After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

Your consent and authorization for this procedure is strictly voluntary. By signing this consent form, you hereby grant authority to Skin Dermatology to perform facial augmentation and/or filler therapy injections using the dermal filler of your choice for any related treatment as may be deemed medically necessary or advisable in the treatment areas you so choose.

I understand that the practice of medicine is not an exact science and no results have been guaranteed. I acknowledge that the results may not meet my expectations. I certify that no guarantees have been made by anyone regarding the procedure(s) that I have requested and authorized.

Yes No **Initials:** _____

I consent to photographs and digital images being taken and used for medical education, clinical training, professional publications or sales and marketing purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly for such stated purposes without my permission.

Yes No **Initials:** _____

Before and after treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

Yes No **Initials:** _____



I CERTIFY THAT I HAVE READ, FULLY UNDERSTOOD AND RECEIVED A COPY OF THE ABOVE CONSENT AND THAT I HAVE RECEIVED CLEAR EXPLANATIONS REGARDING THE PROVIDED INFORMATION.

Client*: _____ Date _____

Witness: _____ Date _____

* Parent or legal guardian if patient is under age 18 or unable to authorize consent.