

Informed Consent for Dermal Filler Injections (Restylane/Perlane/Juvederm/Juvederm Ultra Plus)

To The Patient: As a patient, you have the right to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used. You may make the decision whether or not to undergo the discussed procedure(s) after knowing the risks and hazards involved. This disclosure only intended as an effort to make you better informed so that you may give or withhold your consent to the procedure.

Patient's Name: _____ DOB: ___/___/___ Age: _____

Medications: _____ Allergies: _____

My chronic medical conditions include: _____

I hereby request the specialist at Aesthetic Creations to perform the procedure commonly known as Dermal Filler Injections.

The above listed fillers are all stabilized Hyaluronic Acid designed for volume augmentation of lips, wrinkles and folds. Their function is to add volume where the body's own Hyaluronic Acid has been depleted.

- ____ 1. I understand the alternatives to this procedure to be surgical intervention or no treatment at all.
- ____ 2. I understand the goals, limitations and possible complications of this treatment.
- ____ 3. I understand that every procedure involves risks and the possibility of complications may follow, even when the specialist uses the utmost care, judgment and skill.
- ____ 4. The risks have been explained to me and I accept them. With regard to this procedure, the following points have been explained to me:

- The human body is by nature asymmetrical: therefore symmetrical results cannot be assured.
- A scar may occur at any external puncture site. This is an extremely rare occurrence due to the small gauge needle used for injection. If a scar happens to occur, it will likely fade in time.
- With this procedure no scarring takes place under the skin or around the injected product. As the product degrades over time, there is no concern regarding residual tissue deformity.

DEFORMITY: This is a term for any cosmetic irregularities that may occur after an injection. This complication is easily corrected at the time of the injection with the massage of the tissue by the practitioner. The exact cosmetic configuration cannot always be achieved. Sometimes touch-up procedures are required.

REVISION PROCEDURES: Hyaluronic acids are a natural substance that dissolves over time; the correction does not last forever. Most people choose to be treated again within 6-8 months of original treatment.

DISCOLORATION: Persistent redness or bruising after injection is rare but can occur. If bruising occurs, it may last 1-2 weeks. Bruising may be worse or prolonged if Advil, Aspirin or Vitamins that make you more prone to bruising (Vitamin E is an example) have been taken within one week prior to or after the injection.

Signature: _____ Date: _____