

DERMAL FILLER INFORMED CONSENT

I, _____ understand that I will be injected with _____ dermal filler, in the following area(s): _____

The indicated dermal filler has been FDA approved for use in cosmetic treatments for moderate to severe wrinkles around the nose and mouth. I understand this treatment is temporary, and re-injection is necessary after about six months. It has been explained to me that other temporary and more permanent treatments are available.

The following complications may occur with the dermal filler injection procedure:

1. **Risks:** I understand there is a risk of bruising, redness, swelling, pain at the injection site, tenderness, itching, allergic reaction, and raised bumps of skin (nodules). These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases bruising can last several months and even be permanent.
2. **Infection:** Post treatment bacterial, viral and/or fungal infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. **Effectiveness:** Treatments can last anywhere from 4-6 months up to one year.
4. **Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.
5. **Allergic Reactions:** In rare cases, there may be an allergic reaction to the injection.
6. **There is a risk of scarring.**
7. I will follow all aftercare instructions as it is crucial I do so for healing.

As dermal fillers are not an exact science, there might be an uneven appearance of the face with some areas more affected by the fillers than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with dermal fillers as there are both known and unknown side effects associated with any medication or procedure.

These dermal fillers should not be administered to a pregnant or nursing woman.

The number of units injected is an estimate of the amount of dermal filler required to add volume to the skin and give the appearance of a smoother face. I understand there is no guarantee of results of any treatment and the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered are charged directly to me and I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent dermal filler treatments with the above understood. I hereby release the doctor, the person injecting the dermal filler and the facility from liability associated with this procedure.

Patient Signature _____

Date: _____

DERMAL FILLERS: PRE & POST-TREATMENT INSTRUCTIONS

Pre-Treatment Instructions:

- Inform your provider if you have a history of Perioral Herpes to receive advice on antiviral therapy prior to treatment.
- Avoid dental work (including standard teeth cleaning) at least 2 weeks prior to treatment and one month following treatment. Avoid oral surgery at least 4 weeks prior to treatment and one month following treatment.
- 7 DAYS BEFORE treatment (to prevent bruising): Avoid blood thinning over-the-counter medications such as Aspirin, Motrin, Ibuprofen, and Aleve. Also avoid herbal supplements, such as Garlic, Vitamin E, Ginkgo Biloba, St. John's Wort, and Omega-3 capsules. Please note: If you have a cardiovascular history, please check with your doctor prior to stopping use of Aspirin
- 3 DAYS BEFORE treatment: Avoid topical products such as Tretinoin (Retin-A), Retinols, Retinoids, Glycolic Acid, Alpha Hydroxy Acid, or any "anti-aging" products. Also avoid waxing, bleaching, tweezing, or the use of hair removal cream on the area to be treated.
- Do not drink alcoholic beverages 24 hours before (or after) your treatment to avoid extra bruising.
- Do not use Dermal Fillers if you are pregnant or breastfeeding, are allergic to any of its ingredients, or suffer from any neurological disorders. Please inform your provider if you have any questions about this prior to the treatment.

Day of Treatment:

- Arrive to the office with a "clean face". Please do not wear makeup. You may bring your own makeup to apply after your treatment.
- To maximize your comfort during the procedure, a topical anesthetic may be applied. In some cases, a local numbing medication will be injected into or around the area(s) to be treated.
- You may experience a mild amount of tenderness or a stinging sensation following injection.
- To ensure a smooth and even correction, your provider may massage the area(s) treated, which may cause a temporary, minimal amount of redness to your skin.

Immediately After Treatment:

- Redness and swelling are normal. Bruising may also be visible.
- You may experience some tenderness at the treatment site(s) that can last for a few hours or a few days.
- Depending upon the area(s) treated and product(s) used, you may feel “firmness” in the treated area(s) for 1 to 2 weeks after treatment. Over time, the area(s) will soften and “settle”.

Post-Treatment Instructions:

- Apply an ice or cold gel pack to the area(s) treated (avoiding pressure) as this helps reduce swelling and the potential for bruising.
- Once you have adequately cooled/iced the area(s) as instructed and any pinpoint bleeding from the injection site(s) has subsided, you may begin wearing makeup.
- Avoid placing excessive pressure on the treated area(s) for the first few hours and up to 2 to 3 days; when cleansing your face or applying makeup, be very gentle.
- Avoid exercise or strenuous activities for the remainder of the treatment day; you may resume other normal activities/routines immediately
- You may take Acetaminophen/Tylenol if you experience any mild tenderness or discomfort.
- Avoid extended UV exposure until any redness/swelling has subsided. Be sure to apply an SPF 30 or higher sunscreen.
- Wait a minimum of four weeks (or as directed by your provider) before receiving any skin care or laser treatments.
- If you experience significant bruising following your treatment, we offer a complimentary Pulsed Dye Laser procedure at 2 to 3 days post treatment. This laser can help dissipate the bruise and clear it faster.
- Untreated bruising will generally fade in 5 to 14 days.