

## Hyaluronic Acid Injectable Dermal Filler Informed Consent

As a patient undergoing an elective cosmetic procedure, you have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and benefits involved. This is meant to make you better informed so you may give, or withhold, your consent for treatment.

1. I understand that I will be injected with a hyaluronic acid (H.A) gel dermal filler in the facial area from the Juvederm family of fillers: Ultra XC, Ultra Plus XC, Voluma XC, Vollure XC, Volbella XC or Galderma's fillers: Restylane, Lyft, Defyne, Refyne, Kysse. These injections are implanted intradermally or deeper through a fine gauge needle into the treatment areas.
2. I understand that these products are designed to Lift, Plump, Define, Smooth, Contour, Fill, Soften Lines and Enhance my face. The product(s) used will define which of these treatment benefits I will receive. I understand my clinician will discuss with me in advance what product(s) I will be treated with, associated cost, why it is best suited for me based on my treatment goals, my facial structure, and average length of time the product lasts.
3. Dermal fillers have been approved by the FDA for use in cosmetic treatments of fine facial wrinkles and folds, specifically the area between the nose and the mouth (nasolabial fold), enhancing lips and cheeks. I understand that the safety and effectiveness of treating other facial areas has not been studied by the FDA: however dermal fillers have been used to fill in acne scars, treat marionette lines, fill lines and hollows under eyes "tear troughs" and in other areas. This "off label" aspect of the treatment has been explained to me.
4. I understand that multiple treatments may be necessary to achieve my desired results. The product used and the degree of correction achieved will partially determine how long the results of my treatment may last. Correction with some of the first-generation fillers generally last 6-9 months. Correction with some of the newer fillers may last 12-24 months. Touch up treatments may be necessary to maintain desired results. No guarantee, warranty, and assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient.
5. **Possible Side Effects can include but are not limited to:** Allergic reaction, infection, bleeding, bruising, tenderness or pain, redness, scarring, lumps, bumps, swelling at injection site, or unintentional injection into a blood vessel (a very rare yet potentially serious complication).
6. People with a history of cold sores may experience a recurrence after the treatment, although this can be minimized by the use of antiviral medicines. I agree to disclose to my treating clinician if I have a history of cold sores or fever blisters prior to this treatment so steps can be taken to prevent an outbreak.
7. I have advised my treating clinician if I have multiple severe allergies, a history of anaphylaxis, or allergies to gram-positive bacterial proteins. If I have an allergy to bacterial proteins or an allergic reaction to an injectable filler I understand I am not a candidate for this treatment.
8. I have read and understand the Pre and Post- Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre- and post- procedure instructions are crucial for healing, prevention of side effects and complications as listed above.
9. I have advised my treating clinician if I am pregnant or breastfeeding.
10. I understand that payment for this cosmetic procedure is my responsibility, and I understand that insurance claims cannot and will not be billed or filed for this treatment. 100% of payment is due at the time of service. I understand there is a separate charge for each syringe of product injected.

Signature-Patient \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature-Witness \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_