



Dermal Filler Consent

Treatment with Restylane, Juvéderm, Perlane, or Collagen can smooth out folds and wrinkles, add volume to the lips, and contour facial features that have lost their fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected into the skin with a very fine needle. The products produce a natural volume under the wrinkle, which is lifted and smoothed out. The results can often be seen immediately. Treating wrinkles with these dermal fillers is fast and safe and leaves no scars or other traces on the face.

Risks and Complications

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- Post treatment discomfort, swelling, redness, bruising, and discoloration
- Post treatment infection associated with any transcutaneous injection
- Allergic reaction
- Reactivation of Herpes (cold sores)
- Lumpiness, visible yellow or white patches in approximately 20% of cases
- Granuloma formation
- Localized Necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand that my identity will be protected.

Pregnancy, Allergies & Disease

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving any of the above-mentioned dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including, but not limited to, Lidocaine.

If receiving Collagen, I have read the brochure titled "Zyderm®/Zyplast® or Cosmoplast™/Cosmoderm™ Collagen Explained" in its entirety and have discussed the risks and benefits of injectable collagen treatment with my physician and/or his/her representative and have had all of my questions answered. I understand the information provided.

Payment

I understand that this procedure is cosmetic, and that payment is my responsibility.

Results

I am aware that full correction is important and that follow up touch-ups/treatments will be needed to maintain the full effects. I am aware that the duration of treatment is dependent on many factors including, but not limited to: age, sex, tissue condition, my general health and life style conditions, and

sun exposure. The correction, depending on these factors may last 3-6 months and, in some cases, longer. I have been instructed in and understand the post treatment instructions and have been given a copy.

I hereby voluntarily consent to treatment. The procedure(s) has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history, I will notify the office.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, _____, HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE, AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM ASSIGNING IT VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Client Signature

Date

Juvederm Pre & Post Care

- This treatment is not recommended if you have an important event within 3-4 weeks of injection due to potential for bruising and swelling.
- Avoid the following for up to 1-week pre and post injection: Aspirin, NSAIDS (Ibuprofen), Ginkgo Biloba, Garlic Supplements, Green Tea, Flax Oil, Cod Liver Oil, Vitamins A & E, and essential fatty acids.
- Tylenol is fine.
- Do not touch, rub, or manipulate the areas for the first 24 hours following treatment.
- Lumps in the injected area are normal and typically dissipate over the next several months. These lumps may be gently massaged if your clinician has instructed you to do so.
- Continue to ice or use cool compresses without pressing on the injected areas for the first 48 hours as recommended by your practitioner.
- Sleep with head elevated for the first 1-2 nights depending on level of swelling and bruising.
- Avoid vigorous exercise and heat for 3 days.
- It is best to avoid make-up for the first 12-24 hours.
- Bruising in the area injected is normal and expected, especially if treated around the eyes. Bruising usually lasts one week but can last up to several weeks. Eating 2 kiwi fruit and/or taking or using Arnica may help decrease the amount of bruising.
- Do not apply products that are potentially irritating for 2 days (Retin-A, glycolic acid, benzoyl peroxide, hydroquinone, etc.)
- Perform a test spot prior to using these products by applying a small amount to the treated area. If there is any irritation, remove product and perform another spot test in 24-48 hours. Resume products when there is no sense of irritation.
- Avoid intense heat (sunbathing) and extreme cold for the first 2 weeks to avoid further inflammation to the area.
- Touch-ups may be done in 1-2 weeks if needed but waiting 6-8 weeks is recommended.
- Avoid laser, IPL, or skin tightening treatments of the area for at least 2-3 weeks, especially treatments that create heat in the dermis. Radio Frequency skin tightening treatments such as Exilis or eMatric that treat deeper levels of dermal tissue are not recommended in the injected area post treatment for 6 months.

Please call our office during normal business hours if you have ANY questions or concerns.

I understand that these pre/post care instructions are important to my overall treatment. I agree that I have read and understand what is required of me before and following my treatment.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, _____, HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE, AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM ASSIGNING IT VOLUNTARILY.

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Restylane Post Treatment Instructions

- Immediately after the treatment, the most commonly reported side effects were temporary redness and swelling at the injection site. These effects typically resolve within 2-3 days. Cold compresses may be used immediately after treatment to reduce swelling. If the inconvenience continues beyond 2-3 days, or if another reaction occurs, please contact our office.
- Avoid touching the treated area within 6 hours following treatment. After that, the area can be gently washed with soap and water.
- Until the initial redness and swelling has resolved, avoid exposure of the treated area to intense heat (sunlamp or sunbathing).
- If you have previously suffered from facial cold sores, there is a risk that the needle punctures could contribute to another recurrence. Please check with our Nurse Practitioner about medications that may minimize a recurrence.
- Avoid exercise and alcohol for 6 hours post- treatment.
- Evidence shows that having a follow-up treatment before the product has fully dissipated will enhance the lasting effect. Please be sure to consult with our Nurse Practitioner about recommendations for touch-up and follow-up treatments.
- One week prior to your next treatment with Restylane or Perlane, avoid taking aspirin, nonsteroidal anti-inflammatory medications, St. John's Wort, and high doses of Vitamin E supplements. These agents may increase bruising and bleeding at the injection site.

Please contact our office if you have any questions.