



Dermal Filler Consent Form and Fact Sheet

Treatment with **Eleves, Restylane, Perlane, and Juvederm** can smooth out folds (such as nasolabial 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. Dermal fillers are injected into the skin with a very fine needle. The products produce a natural volume under the wrinkle, which is lifted up and smoothed out. The results can often be seen immediately.

RISKS AND COMPLICATIONS

Extensive pre-approval clinical studies demonstrated the safety and efficacy of dermal fillers. However, some bruising, swelling, redness, tenderness, itching and nodule (small bumps) formation were recorded in clinical trials and may occur after injection. This will normally last less than seven days. Until the initial bruising and swelling is resolved, exposure to sun or other UV sources and extreme cold should be minimized.

In rare circumstances, other complications could occur. More prominent bruising and bleeding may occur with people who are taking anti-coagulant drugs (blood thinners). The safety of dermal fillers for pregnant and nursing women has not been investigated. Dermal fillers should be used with caution in people undergoing immunosuppressive therapy. Subsequent laser treatment, chemical peeling or other dermal procedures may cause a possible risk of inflammatory response at the injection site. This also applies if a dermal filler is administered before the skin has healed after such procedures. The use of dermal fillers should be postponed in the case of certain inflammatory skin disorders, such as skin sores, rashes, cysts, hives or infection at the injection site.

Eleves is composed of cross-linked hyaluronic acid and lidocaine, and contains sodium metabisulfite as an antioxidant. Although rare, sulfites may cause an allergic reaction in sensitive individuals. It may contain trace amounts of gram positive bacterial proteins. Eleves should not be used in patients with a history of allergies to such material. Eleves should not be used in patients with severe allergies manifested by a history of anaphylaxis or a history or presence of multiple severe allergies.

CONSENT FOR TREATMENT

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: 1) Post treatment discomfort, swelling, redness, and bruising, discoloration 2) Post treatment infection associated with any transcutaneous injection 3) Allergic reaction 4) Reactivation of Herpes (cold sores) 5) Lumpiness, visible blue or white patches in approximately 20% of cases 6) Granuloma formation 7) 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 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 Eleveess, Restylane, Perlane, Juvederm. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to Lidocaine.

PAYMENT

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

RESULTS

I am aware that full correction is important and that follow-up touch-up/treatments will be needed to maintain the full effects. I am also aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue condition, my general health, life-style conditions, and sun exposure. The correction, depending on these factors may last 3-6 months and in some cases even longer. I have been instructed in and understand post treatment instructions and have been given a copy of them.

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 in my medical history, I will notify the office.

Patient Signature

Date

Witness Signature

Date