



Consent for Dermal Fillers

Purpose & Background

You have requested the administration of a dermal filler (includes Juvederm® Ultra XC, Juvederm® Ultra Plus XC, Juvederm Voluma®, Juvederm Vollure™, Juvederm Volbella®, Radiesse®, Belotero®). These are hyaluronic acids or other implant products used in the correction of moderate to severe facial wrinkles and folds/lines, acne scars, lip enhancement and facial contouring. All medical and cosmetic procedures carry risks and may have complications.

The purpose of this consent form is to make you aware of the nature of the procedure and its risks so that you may decide if you would like to move forward with the treatment.

Benefits and Alternatives

Dermal fillers have been shown to be safe and effective. Results can last 6-18 months.

This is an elective cosmetic procedure.

No treatment is necessary or required. Alternative treatments include animal derived collagen fillers, patient derived fat transfer, synthetic permanent implants or bacterial toxins that paralyze muscles. Also, skin care products may be used and other aesthetic treatments such as chemical peels, microneedling, BBL™, laser treatments are options.

Procedure

1. The product is administered via a needle and/or cannula into the treatment area(s) to reduce the appearance of wrinkles and folds.
2. A topical numbing cream may be used to reduce the discomfort of the injections.
3. The treatment site(s) is prepped with an antiseptic (cleansing) solution.
4. The product is injected into the skin using a needle and/or cannula.
5. The depth of the injections will depend on the depth of the wrinkle and its location
6. Multiple injections are made depending on the site, depth of the wrinkle, and the technique used.
7. Following each injection, the injector may massage the treated area.
8. If the treatment site is swollen or bruised after the injections, an ice pack will be applied to the site for a short period of time.
9. Additional treatments may be necessary to achieve the desired level of correction.
10. Periodic touch-up injections help sustain the level of correction desired.

Risks/Discomfort

Injection-related reactions can occur and include: bruising, swelling, pain, itching, discoloration, and tenderness at the treatment site. Increased bruising and bleeding are common in patients taking medications that reduce blood clotting such as Aspirin, Ibuprofen, Naprosyn, Motrin, Advil, Aleve, Excedrin. We recommend stopping these medications 7-14 days prior to the procedure.

Adverse reactions generally lessen and disappear within a few days but may last several weeks or longer.

As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials are taken.

Rarely, small lumps form under the skin due to the product collecting in one area. Product can sometimes be felt in the skin and can migrate from the site of injection.

Some patients experience excessive swelling or tenderness at the injection site and, on rare occasions, pustules form. These reactions can last for several weeks and may need treated with oral corticosteroids or other therapy.

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Dermal fillers can be inadvertently injected into blood vessels causing local tissue damage or, in very rare circumstances stroke and blindness. Hyaluronidase is an enzyme that dissolves hyaluronic acid fillers and is kept on hand.

Contraindications

Dermal fillers should not be used on patients with hypersensitivities, severe allergies, or in areas of inflammation or infections.

Dermal fillers should not be used on patients with an allergy to lidocaine.

Dermal fillers should not be used if pregnant or nursing.

Other Considerations

Patients should wait at least 2 weeks after having dermal filler before having any laser, BBL™, chemical peel, microneedling or any other procedure which will increase the risk of an inflammatory reaction.

Most patients are pleased with the results of dermal filler injections. However, like any cosmetic procedure, there is no guarantee that wrinkles and fold will disappear completely, or that you will not require additional treatments to achieve the results that you seek. While the effects of dermal filler can last longer than comparable treatments, the procedure is still temporary. Additional treatments are required within 12 months to maintain desired results.

RADIESSE® PATIENTS ONLY: Radiesse® is radio-opaque which means it is visible on CT scans and may be visible on x-rays.

Consent

By signing this document, the patient hereby grants authority to Dr. Heidi Koch or Beth Pohl RN to inject dermal fillers and/or administer any related treatment as deemed necessary or advisable in the diagnosis and treatment of the patient's condition. The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained and outlined to patient's satisfaction.

I have hereby read this consent and certify that I understand its contents in full. I have had enough time to consider the information from my Physician and/or RN and feel that I am sufficiently advised to consent to this procedure. I hereby agree to all of the above and agree to have Dermal Filler treatment performed. I further agree to follow all post/pre-treatment care instructions as directed. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with the Physician and/or RN.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING.

Patient Name (please print): _____ **Date of Birth:** _____

Patient Signature: _____ **Date:** _____

Email Address (if you would like to be notified of specials, promotions, and events) _____

Witness Name (please print): _____

Witness Signature: _____ **Date:** _____