

Consent to Receive Facial Augmentation with Dermal Fillers

PURPOSE AND BACKGROUND

As our patient, you have requested the administration of Restylane®/Juvederm®/Radiesse®; resorbable implant products approved by the United States Food and Drug Administration for the correction of moderate to severe facial wrinkles and folds. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks so that you can decide whether or not to have the procedure performed.

PROCEDURE

1. The product is administered via a needle into the treatment areas to reduce the appearance of wrinkles and folds.
2. Local anesthesia or a topical numbing cream may be used to reduce the discomfort of the injection.
3. The treatment site(s) is prepped with an antiseptic (cleansing) solution.
4. The product is injected into the skin using a needle.
5. The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s).
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 injection, a cool 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.

RISKS / DISCOMFORT

Injection-related reactions 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, and Aleve. We recommend stopping such medications 10-14 days prior to the procedure.

Adverse reactions generally lessen or 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 4 weeks and may need to be treated with oral corticosteroids or other therapy.

Dermal fillers can be inadvertently injected into blood vessels causing local tissue damage or, in exceedingly rare circumstances, heart attack or stroke.

Initial _____



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Dermal fillers should not be used in patients who have experienced hypersensitivities, severe allergies, or in areas of active inflammation or infections (e.g., cysts, pimples, rashes, or hives).

Most patients are pleased with the results of dermal filler injections. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of dermal filler can last longer than other 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 in x-rays.*

BENEFITS AND ALTERNATIVES

Dermal filler has been shown to be safe and effective when compared to collagen implants and related products. Results can last 6-12 months. This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments include animal-derived collagen fillers, patient-derived fat transplant, synthetic permanent implants, or bacterial toxins that can paralyze muscles.

PAYMENT

Payment in full is due at the time of service. Dermal fillers are cosmetic and not reimbursable by insurers.

PHOTOGRAPHS

Photographs may be taken during the course of filler treatments in order to monitor progression. I consent to the usage of such photographs provided the pictures do not reveal my identity.

CONSENT

Your physician has explained this procedure to you and all your questions have been answered. You may request a copy of this consent form. Your consent for this procedure is strictly voluntary. By signing you hereby grant authority to your physician to perform facial augmentation with dermal filler and to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.

The nature and purpose of this procedure, with the alternative methods of treatment and complications, have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information from my physician and feel that I am sufficiently advised to consent to this procedure.

Patient Signature

Date

Dr. Patricia Spencer, MD Date



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