

## Dermal Fillers Consent Form

Injectable fillers (types include: NASHA, Hylacross HA, Vycross HA, Cohesive Polydensified Martix HA, CaHA , and PLLA) These types of fillers include: Restylane, Juvederm Ultra XC, Juvederm Plus, Voluma, Vollure, Volbella, Belotero, and Radiesse.

**Soft Tissue fillers** are temporary injectable gels used to add volume to facial tissue, to help smooth mild to moderate facial wrinkles and folds, to augment the lips, and to restore a smoother appearance to the face.

**Does correction last forever?** No, correction is temporary; therefore, touch-up injections as well as repeat injections are usually needed to maintain optimal correction. Results from injections may last 6 months to 18 months.

**What should I expect following the treatment?** Avoid strenuous exercise 24 hours post injections, heat exposure, and alcoholic beverages. These exposures could cause temporary redness, swelling, and/or itching at the injection sites. Ice packs may be used for swelling. No aggressive rubbing should be done post injections in fear of spreading the product to unwanted areas.

### When Should I notify my physician?

- 1) Changes in your vision.
- 2) Signs of stroke (including sudden difficulty speaking, numbness or weakness in your face, arms or legs, difficulty walking, face drooping, severe headache, dizziness, or confusion.)
- 3) White appearance of the skin.
- 4) Unusual pain during or shortly after treatment.
- 5) Any side effects that occurs weeks or months after treatment.

**The following are important treatment considerations for you to discuss with your physician and understand in order to help avoid unsatisfactory results and complications.**

- Patients who are using substances that can prolong bleeding, such as aspirin or ibuprofen, as with any injection, may experience increased bruising or bleeding at the injection site. You should inform your physician before treatment if you are using these types of substances.
- Patients on immunosuppressive therapy, or therapy used to decrease the body's immune response, as there may be an increased risk of infection.
- The safety of injectable gels for use during pregnancy, in breastfeeding females, or in patients under 18 has not been established.
- The safety of injectable gels in patients with a history or excessive scarring (hypertrophic and keloid formations.) and pigment disorders has not been established.

**What are possible side effects?** Most side effects are mild to moderate in nature, and their duration is short lasting (7 days or less). The most common side effects include, but are not limited to, temporary injection site reactions such as: redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, and discoloration. As with all skin injection procedures, there is a risk of infection. One of the risks of using these products are unintentional infection into a blood vessel. The chances of this happening are very small, but if it does happen, the complications can be serious, and may be permanent. These complications, which have been reported for facial injections, can include vision abnormalities, blindness, stroke, temporary scabs, or permanent scarring of the skin.

**Patients who do not use their full syringe or all of their injectable fillers during their session are responsible to schedule another injection appointment to use the remaining of their product. Skin Secrets is not responsible to remind patients to use their product before it expires. ALL remaining products will be thrown away on the expiration date.**

**I understand if my left over filler expires before I use the remaining of the product(s) and is thrown away by Skin Secrets on the expiration date, I am not entitled to any type of refund or special deal.** \_\_\_\_\_ (initials)

I have read the consent form in its entirety and have discussed the risks and benefits of dermal filler treatments with my physician and his/her representative. I understand the information provided. I agree to my being treated with injectable fillers.

Patient's name (printed) \_\_\_\_\_

DOB: \_\_\_\_\_

Patient's signature \_\_\_\_\_

Date: \_\_\_\_\_

Esthetician's signature \_\_\_\_\_

Date: \_\_\_\_\_