

Dermal Filler Injectable Informed Consent

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo dermal filler treatment (collectively “filler treatment”). This disclosure is NOT meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

Stabilized hyaluronic acids (Restylane/ Juvederm/ Belotero) are used to smooth mild to severe facial wrinkles and folds or shape facial contours. Bio-stimulator Fillers (Sculptra/ Radiesse) are used to smooth mild to severe facial wrinkles and folds or shape facial contours. Dermal fillers have been approved by the U.S. Food and Drug Administration (FDA) for the cosmetic treatment of mild to severe facial wrinkles and soft tissue depressions. The filler treatments are customized for each patient depending on their particular need and can be performed in multiple areas of the face. In addition, it is used off-label for augmentation of the volume of soft tissue in locations such as the lips, malar region, brows, earlobes, and tear troughs. I agree with the on and off-label use of the product.

_____ I understand and acknowledge that the dermal fillers used in this treatment cannot stop the process of aging. They can, however, temporarily diminish the appearance of wrinkles and soft tissue depressions. These injections may be performed alone or in combination with other treatments, such as neuromodulators. Dermal filler injections may require the use of regional nerve blocks or a topical anesthetic application to diminish discomfort. Soft tissue fillers produce temporary swelling, redness, and needle marks, which resolve after a few days. The duration of the effect of dermal filler injections is variable and temporary.

_____ Continuing treatments are necessary in order to maintain the effect over time. After the dermal fillers are injected, they will be slowly absorbed by the body. Despite such injections, alterations in the face may still occur as the result of aging, weight loss or gain, sun exposure, or other circumstances, and may necessitate future surgery or other treatments. Injections of dermal fillers do not arrest the aging process or produce permanent tightening of the skin or improvement in wrinkles.

Possible risks and complications

I understand that the majority of patients do not experience complications from dermal filler injections, and I have discussed the risks associated with this procedure with my provider. I understand and acknowledge that risks may include, but not be limited to the following:

- **Bleeding and bruising:** It is possible, though unusual, to have a bleeding episode from an injection. Bruising is not common but can occur. Aspirin, anti-inflammatory medications, platelet inhibitors, and anticoagulants (see Pretreatment list of supplements to avoid) may increase the risk of bleeding and bruising. Discontinue these products for seven days before or after injections of dermal fillers with the consent of your doctor or provider.
- **Swelling:** Swelling (edema) is a normal occurrence following the injection of dermal fillers and resolves over days, medical treatment may be necessary.
- **Erythema (skin redness):** Erythema is common after injections and self-resolves over days.
- **Acneiform skin eruptions:** Acne-like skin eruptions can occur following the injection of dermal fillers.
- **Skin lumpiness:** Lumpiness can occur initially following the injection of dermal fillers. This tends to smooth by six weeks. In some situations, however, the filler material can be felt for long periods of time.
- **Visible tissue filler:** It may be possible to see dermal fillers through the skin if it is injected into an area where the skin is thin.
- **Asymmetry:** The human face is normally asymmetrical in its appearance and structure. Exact facial symmetry with tissue filler injections may not be possible. There may be asymmetry even after injections of dermal fillers that may require additional injections paid for by the patient.

- **Pain:** Discomfort associated with injections of dermal fillers is normal and usually of short duration.
- **Skin sensitivity:** Skin rash, itching, tenderness, and swelling may occur following injections of filler products. After treatment, you should avoid exposing the treated area to excessive sun, extreme heat, and lasers until any initial swelling or redness has gone away.
- **Accidental intra-arterial injection:** Dermal fillers can accidentally be injected into arteries and block blood flow. This could cause necrosis in facial skin and other structures, loss of vision, or other consequences. This is a very serious, but rare, occurrence. Hyaluronidase can be used on Hyaluronic acid filler if my condition warrants it.
- **Damage to deeper structures:** Deeper structures, such as nerves and blood vessels, may be damaged during injections of dermal fillers. Injury to deeper structures is rare and may be temporary or permanent.
- **Infection:** Bacterial, fungal, and viral infections can occur following injection with dermal fillers. If you have a herpes simplex virus and a history of cold sores please notify your provider so you can receive a prophylactic prescription. Should any other type of skin infection occur, additional treatment, including antibiotics, may be necessary.
- **Allergic reactions and hypersensitivity:** As is the case with the use of all biological products, allergic and anaphylactic reactions may occur from treatment if you have a history of multiple severe allergies, a history of anaphylaxis, or allergies to gram-positive bacterial proteins. Allergic reactions may require additional treatment.
- **Scarring:** It is possible yet rare that injections could promote excessive scar formation unless you have a history of keloid formation or other forms of excessive healing at scar sites.
- **Granulomas:** Granulomas are masses that the body forms that are akin to scar tissue. Rarely, these may occur however if a granuloma develops, additional treatments, including surgery, may be necessary.
- **Skin disorders:** In rare instances, granuloma, abscess, localized necrosis and urticaria have occurred after injections of dermal fillers into areas with active inflammation or infection (e.g. cysts, pimples, rashes, or hives).
- **Antibodies to dermal fillers:** If antibodies to dermal fillers form in your body, they could reduce the effectiveness of this material or produce a reaction in subsequent injections.
- **Anesthetic reactions:** It is possible to have a reaction such as light-headedness, rapid heart rate (tachycardia), and fainting from topical anesthetic or lidocaine anesthetic mixed with dermal fillers. Medical treatment of these conditions may be necessary.

Hyaluronidase Injections

I understand that dermal fillers made from hyaluronic acid (Filler) may be broken down by hyaluronidase (enzyme). The use of hyaluronidase includes risks such as breaking down naturally occurring hyaluronic acid, results may be unpredictable, loss of volume, and some skin laxity. Effects may be immediate, but it can take up to 14 days for the final results, and the treatment may need to be repeated.

_____ *In case of emergency, I consent to the use of Hylaluronidase, aspirin, and any medication that will reverse an occlusion.*

_____ Dissolving filler is a separate service and is not included in the price of your filler. The cost of hyaluronidase is dependent on the amount of filler that needs to be dissolved. On average, you can expect to pay \$100 – \$1000 to dissolve the filler.

Possible filler treatment consequences

I understand that, along with certain risks associated with filler treatment, there are additional unknown risks and potential consequences of filler treatment, which may include, but are not limited to, the following:

- **Combination of procedures:** The long-term effect of combining injections of dermal fillers with other medical aesthetic treatments—is unknown.
- **Unknown risks:** Long-term complications may arise from the use of dermal fillers that cannot be predicted.

- **Pregnancy and nursing mothers:** The risk is unknown, pregnant women and nursing mothers should not receive injections of dermal fillers injections.
- **Drug interactions:** It is not known if dermal fillers react with other drugs within the body.

_____ I understand and acknowledge that injection of dermal fillers may not achieve my desired outcome. The amount of correction may be inadequate or excessive. If under correction occurs, you may be advised to consider additional injections of filler. Dermal fillers may migrate from their original injection site and produce visible fullness in adjacent tissue or other unintended effects. I understand that it is possible that my tissue's response may be poor or inadequate, and that additional injections of dermal fillers or surgery may be necessary to achieve my desired result. I acknowledge that while good results are expected, I may be disappointed with the results of the procedure. I understand there is no guarantee of the results of any treatment.

_____ I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collections, and/or court costs and reasonable legal fees, should they be required. I am financially responsible for all medical cost-related or unrelated to treatment.

_____ I consent to the administration of anesthetics and understand that all forms of anesthesia involve risk, and possible complications include injury and, rarely, death. I am aware that dermal fillers contain lidocaine. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained. I understand that there are alternative methods of treatment. I understand that there are risks to the proposed treatment. I certify, to the best of my knowledge, that I am not pregnant or breastfeeding at the time of treatment. I certify that I have not consumed alcohol within four hours of the proposed procedure/treatment. I certify that all my questions regarding the proposed procedure/treatment have been answered.

_____ I acknowledge that Aesthetics Intelligence will own such images and further grant permission to copyright, display, publish, distribute, use, modify, print, and reprint such Images in any manner whatsoever related to business, including without limitation, publications, advertisements, brochures, website images, or other electronic displays and transmissions thereof. Images will be used without any identifying information such as name and blurring identifying features such as eyes). I further waive any right to inspect or approve the use of the Image prior to its use. I forever release and hold Aesthetics Intelligence harmless from any and all liability arising out of the use of the images in any manner or media whatsoever, and waive any and all claims and causes of action relating to the use of the images, including without limitation, claims for invasion of privacy rights or publicity. Secondary permission (verbal from the patient or signature) will be requested for pictures with identifying information.

This document is designed to inform you about injections of dermal fillers and disclose the associated risks and alternative forms of treatment. It should not be regarded as all-inclusive because it does not anticipate all possible risks and alternative forms of treatment. This document is not intended to define or serve as the standard of medical care; standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you have read all the above information carefully and have all of your questions answered before signing this consent form.

Patient Printed Name: _____

Patient Signature: _____ Date: _____