



Dermal Filler Information and Consent

A. PURPOSE AND BACKGROUND

You have requested administration of a Hyaluronic acid gel with brand names of Juvederm, Ultra or Ultra Plus, Vollure, Volbella, Voluma, XC, Belotero Reystaline Silk, Reystaline which are all stabilized Hyaluronic acid. Since Hyaluronic acids do not elicit a chronic inflammatory or immune response, it does not require allergy testing. Hyaluronic acids are used in 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 in advance so that you can decide whether to go forward with the procedure.

B. PROCEDURE

1. The product is administered by injection via a syringe into the areas of the face sought to be filled with Hyaluronic acid gel to eliminate or reduce wrinkles and folds.
2. A topical anesthetic, numbing medicine, used to reduce the discomfort of the injection, may or may not be used.
3. The Filling agent is injected under your skin into the tissue of your face. Multiple injections might be made depending on the site, depth of wrinkle, and the technique used.
4. If the treated area is swollen directly after the injection, ice may be applied to the site.
5. After the first treatment, additional treatments may be necessary to achieve the desired level of correction.
6. Periodic touch-up injections help sustain the desired level of correction.
7. The procedure can re-activate cold sores and so if you have a history of Herpes Virus infection, pre and post treatment with an anti-viral medication will be prescribed.

C. RISKS/DISCOMFORT

1. Although a very thin needle is used, common injection-related reactions could occur. These could include: some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil®.
2. These reactions generally lessen or disappear within a few days but may last for a week or longer.
3. Hyaluronic acid gels should not be used in patients who have experienced this hypersensitivity, those with severe allergies, as well as clients with active areas of inflammation or infections (e.g., cysts, pimples, rashes or hives).
4. As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken.
5. Some visible lumps may occur temporarily following the injection.
6. Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form. These reactions might last for as long as approximately 2 weeks, and in appropriate cases may need to be treated with oral short-term corticosteroids or other therapy.
7. Hyaluronic acid could be injected into the circulation and cause tissue death and/or permanent blindness.
8. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after Filler treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site.

9. Most patients are pleased with the results of Filler use. 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 these fillers last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 – 9 months to one year, involving additional injections for the effect to continue.

10. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

D. BENEFITS

Hyaluronic acid gels have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines, and folds in the skin on the face. Their effect, once the optimal location and pattern of cosmetic use is established, can last up to a year or longer without the need for re-administration.

E. ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect, and duration include animal-derived collagen filler products, dermal fillers derived from the patient’s own fat tissues, synthetic plastic permanent implants, or bacterial toxins that can paralyze muscles that cause some wrinkles.

F. CONSENT

You have been given a copy of this consent form. Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to your licensed clinician to perform Facial Augmentation and Filler Therapy/Injections using a Hyaluronic acid gel 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 possible alternative methods of treatment as well as 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 fully read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel that I am sufficiently advised to consent to this procedure of dermal fillers. I also understand that filler may be used for off-label use and take all responsibility for allowing procedure to take place. I hereby give my consent to this procedure voluntarily. By signing this document I forfeit my rights to bring forth any type of lawsuit against California Skin Center, INC and their D.B.A Roma Rejuvenation (Employees/Injectors/Owners/Staff) should any adverse effect (permanent or temporal) should occur as a result of any of the procedures performed for me. I have read and understood all conditions and agree. I agree to report any complications to my clinical practitioner immediately and take full responsibility and release all liability from RoMa Rejuvenation (California Skin Center, INC) Employees/Owners/Injectors/Contractors should a medical complication arise from procedures performed (Fillers or any other injectables/procedures).

X _____

Patient’s Name - Patient’s Signature - Date

Physician Declaration: I and/or my associate have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient’s questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

X _____

Physician’s Name - Physician’s Signature - Date