



## **Informed Consent for Hyaluronic Acid Injections**

Hyaluronic acid (HA) is a natural substance found in all human skin. Thus, hyaluronic acid (HA) injections are biocompatible (does not harm the body) and biodegradable (broken down by the body). HA does not require testing for allergies. Examples of available HA skin implants are Restylane, Perlane, Juvederm, Hyalaform, and Teosyal. These products are injected into the skin or deeper tissues to help correct skin depressions such as creases, wrinkles, folds, scars, degenerative skin aging, and restore lost facial volume due to facial lipoatrophy (loss of fat).

In our experience, patients that undergo multiple treatments have the best, most satisfying results. The effect of HA treatment may last from 6 months to 2 years, but this time frame varies from person to person.

There are a few risks with any treatment. The vast majority of individuals have no problems. A local anesthetic cream/injection will be offered to reduce any pain or discomfort with the procedure. I understand that the possibility of short term after effects include: some redness, swelling, discomfort, bruising, itching, and tenderness at the injection site. The use of anti-inflammatory drugs including aspirin (ASA), vitamin E, warfarin, alcohol, and herbs such as ginkgo biloba can increase bleeding time and bruising. Individuals with a history of cold sores (herpes simplex) can have a reactivation of their herpes. If you are prone to herpes, you can have prophylactic medication. Allergic reactions are extremely rare, but can manifest as prolonged redness, itching, swelling, or induration for many months following treatment. Small bumps under the skin, termed granulomas, which may be visible or not, may be felt in the areas of treatment when pressing on the skin, they typically last 3-6 months and spontaneously

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disappears. A feeling of fullness (induration) can be felt in the injection area. This is a normal response. It is possible for the injection needle to irritate a sensory nerve during the treatment, which could result in temporary tingling, a numb sensation, or discomfort. I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks.

As with all procedures in cosmetic medicine, some individuals show a very dramatic improvement, while others show very little improvement. Due to your unique skin composition, you acknowledge that there are no guarantees, warranties or assurances that you will be satisfied with your results. You understand that you may require more injection sessions to achieve greater volume.

I consent and authorize Dr. Shea Stevens and designated members of his staff to perform one or more HA injection treatments on me. Alternative means of treatment, such as fat transfer and permanent filler injections have been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the Smiles By Stevens staff has explained the nature of my condition, the nature of the procedure and alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to follow post injection treatment instructions.

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Name (please print)

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Date

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Signature

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Witness

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