

**Skin Renaissance**  
**Dermal Filler Consent**

**A. PURPOSE AND BACKGROUND**

You may have requested administration Juvederm, Voluma, Volbella, Vollure, or other filler to correct 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 or not to go forward with the procedure.

**B. PROCEDURE**

1. This product is administered via a syringe, or injection, into the areas of the face to eliminate or reduce the wrinkles and folds.
2. An anesthesia, numbing medicine used to reduce the discomfort of the injection, may or may not be used.
3. The treatment site(s) is washed first with an antiseptic (cleansing) solution.
4. Restylane, Juvederm, and Belotero are made of hyaluronic acid, a clear transparent gel that is injected under the skin using a thin small needle. Use of these products in any other way is considered off-label.
5. The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s).
6. Multiple injections might be made depending on the site, depth of the wrinkle, and technique used. The Injector may choose to use needles, cannulas, or a combination of the two.
7. If the treated area is swollen directly after the injection, ice may be applied on the site for a short period.
8. After the first treatment, additional treatments may be necessary to achieve the desired level of correction.
9. Periodic touch-up injections help sustain the desired level of correction.

**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 antiinflammatory drugs such as Advil®.
2. The above reactions generally lessen or disappear within a few days but may last for a week or longer.
3. 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.
4. Some visible lumps may occur temporarily following the injection.
5. 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 corticosteroids or other therapy.
6. These products should not be used in patients who have experienced hypersensitivity to them, those with severe allergies, and should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).
7. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after treatment, or you have recently had such treatments and the skin has not healed completely, there is possible risk of an inflammatory reaction at the implant site.
8. Most patients are pleased with the results of these fillers. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is a possibility of unequal lips, wrinkles or folds, extrusion of the product, or granuloma formation. 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.
9. 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.
10. I understand, although extremely rare, dermal filler could accidentally be injected into a blood vessel, which may block the blood vessel and cause local tissue damage, or potentially blindness, a heart attack or stroke.
11. As with any injectable procedure, side effects, although rare, may occur and are not limited to the above list.

**D. BENEFITS**

These injectables 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.

**E. ALTERNATIVES**

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments that 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. COST/PAYMENT**

Payment is due at the time of the procedure. Since most uses of these injectables are considered cosmetic, they are generally not reimbursable by government or private healthcare insurers.

**G. QUESTIONS**

This procedure has been explained to you by your injector, or the person who signed below and your questions were answered. If you have any other questions about this product or procedure, you may call one of our nurses during our office hours at 757-410-2833. Afterhours Emergency questions may be answered by calling 757-572-7013.

**H. CONSENT**

You may ask for 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 technician to perform Facial Augmentation and Filler Therapy/Injections using these injectable products.

I consent to have photographs taken before, during and after treatment. They will be used to monitor your progress and kept confidential. 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.

This above list is not meant to be inclusive of all possible risks associated with dermal fillers as there are both known and unknown side effects and complications associated with any medication or dermal filler injection procedure. I understand that medical attention may be required to resolve complications associated with my injection.

I have read this informed consent and certify that I understand its contents. Any questions I might have had regarding any of the above, or other information, have been satisfactorily answered by my provider or. I feel that I am sufficiently advised to consent to this procedure.

Patient’s Name (Printed): \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient’s Name (Printed): \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_