

## **DERMAL FILLER INFORMED CONSENT**

I, \_\_\_\_\_ understand that I will be injected with dermal filler

I understand this treatment is for temporary smoothing, contouring and augmenting for an improved aesthetic appearance. It has been explained to me that other temporary and more permanent treatments are available including lasers, neuromodulators and surgery. No treatment may also be an option as fillers are considered an elective treatment. The following are potential risks of fillers:

- 1. Risks: I understand there is a risk of bruising, redness, swelling, pain at the injection site, tenderness, itching, allergic reaction, and raised bumps of skin (nodules).** These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases bruising and nodules can last several months and even be permanent.
- 2. Infection:** Post treatment bacterial, viral and/or fungal infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur. I will tell my clinician if I have a history of cold sores (Herpes Simplex)
- 3. Allergic Reactions:** In rare cases, there may be an allergic reaction to the injection of the filler product or to products used to cleanse the skin prior to treatment.
- 4. Injection of filler into a vascular structure:** If it is deemed that filler has entered into a vessel I give my consent for my practitioner to initiate emergency protocol including the use of hyaluronidase to dissolve my filler. I also understand that referral to another health care provider may be necessary for treatment of an adverse reaction. If this should occur there is a risk of tissue death, discoloration and injury to other structures not in the immediate area of injection. Blindness has been reported in rare occurrences.
- 5. There is a risk of scarring.**

This list is not meant to be inclusive of all possible risks associated with dermal fillers as there are both known and unknown side effects associated with any medication or procedure.

These dermal fillers should not be administered to a pregnant or nursing woman.

As dermal fillers are not an exact science, there might be an uneven appearance of the face with some areas more affected by the fillers than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. However, in some cases this uneven appearance can persist for several weeks or months.

The number of syringes injected is an estimate of the amount of dermal filler required to add volume to the skin and give the appearance of a smoother face. I understand there is no guarantee of results of any treatment and the regular charge applies to all subsequent treatments.

I have informed my clinician of my medical history including recent illness, vaccines, dental appointments and generally feel well at my appointment today.

I understand and agree that all services rendered are charged directly to me and I am personally responsible for payment. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I agree to photographs for comparison of before and after results and to monitor my aesthetic progress. I hereby give consent to perform this and all subsequent dermal filler treatments with the above understood. I hereby release the doctor, the person injecting the dermal filler and the facility from liability associated with this procedure.

**Patient Signature**

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