

## Injectable Fillers Consent Form

Injectable Fillers are an injectable gel that is colorless. Injectable gels are injected into facial tissue to correct age-related volume loss, the correction of moderate to severe facial wrinkles and folds, lip augmentation or correction, and for correction of perioral lines in adults over the age of 18. **Any other cosmetic uses of the injectable gel fillers may be considered “off-label”. The purpose of this document is to make you aware of the nature of the procedure and its risks so that you can decide whether or not to have the procedure performed.**

This cosmetic procedure is done by injecting a small needle into the soft tissue, with the aim to correct volume loss, therefore temporarily softening facial lines and wrinkles.

Injectable gel fillers have been shown to be safe and effective when used to treat lines and volume loss. This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments include other forms of botulinum toxin, dermal fillers, laser services, chemical peels, and surgical procedures.

I \_\_\_\_\_ (Print Name) hereby authorize the direct associates or assistants of Dr. Merlin Brown to inject FDA approved injectable fillers such as, but not limited to: Restylane®, Restylane-L®, Restylane® Lyft, Restylane® Silk, Restylane® Refyne, and/or Restylane® Defyne, JUVÉDERM VOLUMA® XC, JUVÉDERM VOLLURE™ XC, JUVÉDERM® XC, & JUVÉDERM® Ultra XC. I understand the person performing my injection treatment is not a physician, and does not possess a medical license. (Clinic Name) is medically directed & overseen by Dr. Merlin Brown.

### *ACKNOWLEDGMENT*

\_\_\_\_\_ I understand serious risks can occur with using these products such as unintentional injection into a blood vessel, and while rare, the complications can be serious and may be permanent. These complications, which have been reported for facial injections, can include vision abnormalities, blindness, stroke, temporary scabs, or permanent scarring.

\_\_\_\_\_ I understand there are many devices, medications and injectable fillers and botulinum toxins that are approved for specific use by the FDA, but some uses may be considered “Off-Label”, that is not specifically approved by the FDA. You understand this proposed uses are not experimental and your provider believes them to be safe and effective.

\_\_\_\_\_ I understand most side effects are mild or moderate in nature, and their duration is short lasting (7 days or less). The most common side effects include, but are not limited to, temporary injection-site reactions such as: redness, pain/tenderness, firmness, swelling, **lumps/bumps**, bruising, itching, and discoloration. As with all skin-injection treatments, there is a risk for infection. In rare instances the product may migrate from the treatment site.

\_\_\_\_\_ I understand using substances that can prolong bleeding, such as aspirin or ibuprofen, as with any injection, may experience increased bruising or bleeding at the injection site. Supplements such as Vitamin E and Fish Oils also have been associated with bruising. You should inform your physician before treatment if you are using these types of substances

\_\_\_\_\_ Occasionally, lumps and bumps may occur temporarily following the injection; however, these tend to smooth out over time. In some cases it may be possible to see any type of tissue filler in areas where the skin is thin. Allow 4 weeks for these bumps to smooth out. Inform your clinician if they are lasting longer than 4 weeks.

\_\_\_\_\_ For the first 24 hours, you should avoid strenuous exercise, extensive sun or heat exposure, and alcoholic beverages. Exposure to any of the above may cause temporary redness, swelling, and/or itching

at the injection sites. If there is swelling, you may need to place an ice pack over the swollen area. Mineral makeup may be applied to the area post treatment.

\_\_\_\_\_ Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.

\_\_\_\_\_ I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that every precaution will be taken to prevent complications and that complications from this procedure are rare, they can and sometimes do occur.

\_\_\_\_\_ Improvement of skin wrinkles and soft tissue depressions may also be accomplished by other treatments. Options include laser skin surface treatments, chemical peels, microdermabrasion, Neurotoxin injections, and alternative types of skin fillers of surgery such as face lift, brow lift, or blepharoplasty when indicated. Other options not mentioned here may exist. Risk and potential complications are associated with alternative forms of medical and surgical treatments.

### *AUTHORIZATION*

I have read the above in its entirety and have discussed the risks and benefits of injectable filler treatment with my clinician. I understand the information provided. I agree to my filler injection treatment.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INJECTION CONSENT FORM AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Print Name: \_\_\_\_\_

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

Technician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I have discussed the risks and benefits of injectable filler treatment with this patient, have answered his/her questions, and find him/her an appropriate candidate for this treatment.

Signature of Physician or Physician's Representative:

\_\_\_\_\_ Date \_\_\_\_\_