



Dermal Fillers Informed Consent

Patient Name _____ DOB _____

Purpose & Background

As our patient, you have requested our administration of Dermal Fillers to be 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 proceed with the procedure.

1. This product is administered via syringe, or injection, into the areas of the face sought to be filled with dermal filler to eliminate or reduce the wrinkles and folds.
2. A topical anesthetic may, or may not be used to reduce the discomfort of the injection.
3. The treatment site(s) are washed first with an antiseptic (cleansing) solution.
4. Dermal fillers are to be injected under your skin into the tissue of your face using a thin gauge sterile needle.
5. The depth of the injections may be made depending on the site, depth of the wrinkle and technique used.
6. Multiple injections may be made depending on the site, depth of the wrinkle and technique used.
7. Following each injection, if needed, the injector will gently massage the correction site to conform to the contour of the surrounding tissues.
8. If the treated area is swollen after the injection, ice may be applied on the site for a short period.
9. After the first treatment, additional treatments may be necessary to achieve the desired level of correction.
10. Periodic enhancement injections help sustain the desired level of correction.

Risk/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 nonsteroidal anti-inflammatory drugs such as ibuprofen.

2. These reactions generally lessen or disappear within a few days but may last a week or longer.
3. As with all injections, this procedure carries risk of infection. The syringe is sterile, and standard precautions associated with injectable materials are taken.
4. Some visible lumps may occur temporarily following the injection.
5. Dermal filler injections may trigger a cold sore eruption if the patient has a history of recurring infections.
6. Some patients may experience additional swelling or tenderness at the injection site, and on rare occasions, pustules, nodule formation, or recurrent bifold reactions can occur in addition to any other unforeseeable events. These reactions might last for two weeks or longer, and in appropriate cases, may need to be treated with oral corticosteroids, antibiotics, or other therapies
7. Dermal fillers should not be used in patients who are on prescribed blood thinner or have experience hypersensitivity; those with severe allergies to latex or lidocaine products (including but not limited to Xylocaine, Novacaine, Benzocaine, Prilocaine, or Tetracaine) should not receive injections in areas with active inflammation or infection (e.g., Cysts, pimples, rashes, or hives).
8. If you are considering laser treatment, chemical peels, or any other procedure based on dermal fillers, or if you recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the injection site.
9. Most patients are pleased with the results of dermal fillers. However, like any cosmetic procedure, 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 effect of dermal fillers can last longer than comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to one year requiring additional injection 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.

Alternatives

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments include, but are not limited to neurotoxins, laser skin modalities and cosmetic surgery.

This treatment is under the supervision of Glenn Robertson, MD

RN Injector _____ **Date** _____

Patient Signature _____ **Date** _____