

Informed Consent for Treatment for Dermal Filler

Juvederm (Ultra Plus, Voluma XC, Volux XC), Restylane (Contour, Defyne, Lyft, Kysse), Radiesse, Revanesse, or other fillers are hyaluronic acid gel dermal fillers indicated for subcutaneous and/or supraperiosteal injection for lips, nasolabial fold, or cheek augmentation to temporarily correct age-related volume deficit in the mid and lower face in adults over the age of 21. Hyaluronic acid is a naturally occurring sugar found in the human body. The role of hyaluronic acid is to deliver nutrients and hydrate the skin by holding in water to act as a cushioning agent.

Nature and Purpose of the Procedure:

Injectable fillers are microspheres of hyaluronic acid generated by Streptococcus bacteria suspended in a gel carrier. According to the manufacturer of these medications, there is no necessity for skin testing prior to receiving treatment as allergic reactions are very rare. These injectables are FDA approved for and indicated for implantation into the mid to deep dermal layers of the skin in order to temporarily provide correction of moderate to severe facial wrinkles and folds. Juvederm (Ultra Plus, Voluma XC, Volux XC), Restylane (Contour, Defyne, Lyft, Kysse), Radiesse, Revanesse, or other fillers contain lidocaine. The products have shown to provide correction to the injected sites for 9 to 12 months for Juvederm Ultra Plus and Restylane Lyft, and up to 24 months for Juvederm Voluma. However, the correction does not last as long when used for lip augmentation. Without periodic injections, the correction will subside gradually and your skin will look as it did prior to treatment.

Disclaimer of Guarantees and Explanation of Material Risks:

The practice of medicine is not an exact science and no guarantees or assurances have been made concerning the outcome and/or result of this procedure. The products should not be used by patients with a history of severe allergies of anaphylaxis, a history of allergies to Gram-positive bacterial proteins, are pregnant or nursing, under the age of 18, in areas of active infection, or on immunosuppressive therapy. The risks involved in receiving the treatment with these injections include temporary inflammation at injection site, demonstrated as redness, slight swelling, bruising, tenderness, and possibly itching. These side effects typically clear up in less than 7 days post injection. Injections into an area where there is a history of herpes simplex may result in an outbreak of the symptoms. As with any injection into the head or neck, the injected material may be inadvertently implanted in a blood vessel, which could cause occlusion, infarction, or embolic phenomena. If laser treatment, chemical peeling, or any other procedure based on active dermal response is considered after treatment, there is a possible risk of eliciting an inflammatory reaction at the implant site.

Without continued treatment, the correction will subside gradually and the skin will appear as it did prior to treatment. Patients using substances that reduce coagulation, such as aspirin and non-steroidal anti-inflammatory drugs may experience increased bruising or bleeding at the injection sites. Additional effects are possible, but none have been observed or are known of at this time.

Medical History

I understand Nancy Aria, MD will rely on my documented medical history, as well as other information obtained from me in determining whether to perform this procedure. I acknowledge that I am providing accurate and complete information about my medical history, conditions, and medications. I herein state that I am not pregnant or nursing.

Photographs

I give permission for photographs to be taken of all sites treated, which will be used to document my medical record.

Follow-Up Treatment

I agree to follow up with Nancy Aria, MD at her office and advise of any change in my condition or any problem I may experience. I agree to contact Nancy Aria, MD’s office should any unusual side effect occur.

Pricing

Juvederm

- UltraPlus: **\$725** per vial
- Voluma XC: **\$855** per vial
- Lyft: **\$675** per vial
- Defyne: **\$695** per vial
- Contour: **\$755** per vial
- Kysse: **\$700** per vial

Restylane

By signing this informed consent, I hereby acknowledge:

1. I have read or had this Consent Form read and/or explained to me;
2. I fully understand the contents of this Consent Form;
3. I have been given ample opportunity to ask questions and all questions have been answered satisfactorily;
4. I understand the risks and potential complications of the treatments;
5. No guarantees have been made concerning the results, nor the outcome of this procedure.

I hereby voluntarily request and give my consent to Nancy Aria, MD to perform the procedure described herein, injection of dermal filler.

We are pleased to provide you with cosmetic services during today’s visit. However, medical concerns require a separate, non-cosmetic appointment. If you do have a medical concern and time permits, we will do our best to accommodate those concerns. Please note, medical visits are subject to a copay/ deductible depending on your insurance.

Patient Name: _____ Date: _____

Patient Signature: _____

Witness Signature: _____ Date: _____