

## Juvederm Ultra, Juvederm Ultra Plus, Juvederm Voluma, Restylane, Belotero, Volbella, and Perlane Informed Consent

The Hyaluronic Acid fillers mentioned above are sterile gels consisting of non-animal stabilized hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds in the United States. In addition to these indications, Hyaluronic Acid has been used to enhance the appearance & fullness of lips in over 60 other countries.

My practitioner has explained the use of & indication for the Hyaluronic Acid fillers to me. I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following: after the injection some common injection-related reactions might occur, such as swelling, redness, pain, itching, bruising, skin discoloration and tenderness at the implant sight. They typically resolve spontaneously within 2-3 days after injection into the skin and within a week after injection into the lips. Other types of reactions are very rare, but about 1 in 5,000 treated patients have experienced localized reactions thought to be of a hypersensitivity nature. These have usually consisted of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness, and rarely acne-like formations have also been reported. The onset of these reactions has occurred one to several weeks after the initial treatment. The average duration of the effect is 2 weeks. Severe reactions are rarely reported including vascular occlusion which may result in scarring.

My practitioner has also informed me that, depending on the area treated, skin type, and the injection technique, the effect of a treatment can last 6 months or even longer. (Lips: approximately 4-6 months), but that in some cases the duration of the effect can be shorter or even longer. Touch-up and follow-up treatments help sustain the desired degree of correction.

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the "Post-Treatment Instructions". Its contents have been explained to me and I will follow the advice given.

I consent to being treated with the Hyaluronic Acid fillers and I agree with and understand the statements initialed below.

I am requesting Hyaluronic Acid to be used for cosmetic facial augmentation. This filler is a non-animal stabilized hyaluronic acid gel substance. Hyaluronic acid is an important structural element in human skin and tissue. It acts by adding volume to the tissue, shaping the contours of the face, correcting folds and enhancing the lips. The type of filler you will need is determined by the corrections you wish to make to your face.

As with any medical procedure, you should be aware of the safety issues and restrictions associated with this treatment.

With any injection procedure there are risks of infections, lumpiness, redness, swelling, pain, itching, discoloration or tenderness at the implant site. Typically resolution occurs within 2-3 days after the injection.

Hypersensitivity has been reported in 1 in 5000 treated patients. This consists of excessive swelling and firmness and is usually self resolved in about two weeks.

If I choose to have topical anesthesia applied I understand all risk associated with topical anesthesia are possible including allergic reaction, swelling, irritation, and in large quantities overdose which can result in death.

I will not drink alcohol for 24 hours after injection.

I understand I cannot have any dental procedures, including routine cleanings, for 2 weeks prior and two weeks after injectable filler treatment.

I understand the common, expected adverse effects: needle marks, bruising, redness, swelling, acute severe lip swelling, transient lumpiness and asymmetry.

I understand that there is a risk of hypersensitivity reaction, vascular occlusion, epidermal necrosis, blindness, infarction, or embolic phenomena. I understand that the dermal filler can be accidentally injected into the blood vessel, which may block the blood vessel and cause damage of potentially large areas of distant tissue, necrosis, scarring or potentially even a heart attack, stroke, or blindness. I will notify my physician immediately if there is ongoing or worrisome red or purple discoloration, tingling, or burning sensation.

I will not expose the treated area to heat, such as sunbathing or tanning booths.

I may be dissatisfied with the results. I should not receive this treatment if I have unattainable expectations. I understand that multiple treatments may be necessary to achieve desired results. Touch up treatments may be necessary to maintain desired results. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient. No refunds will be given for treatments received.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment.

I am not pregnant or trying to become pregnant nor am I nursing at this time.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement in its entirety. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I release Audubon Dermatology, LLC, Dr. Hooper, Dr. Jackson and all medical staff, from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Client's Name (Please Print): \_\_\_\_\_

Client's Signature: \_\_\_\_\_

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

Time: \_\_\_\_\_