AUDUBON DERMATOLOGY
INNOVATIVE COMPREHENSIVE SKINCARE

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Sculptra Aesthetic Informed Consent

Sculptra is made from Poly L-lactic Acid which helps to replace lost collagen. It is used to correct shallow to deep facial wrinkles and folds. The maid ingredient is a biocompatible, biodegradable, synthetic material that has been used by physicians for decades.

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 am requesting Sculptra to be used for cosmetic facial augmentation.

I consent to being treated with the Sculptra and I agree with and understand the statements initialed on the reverse side of this page.

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

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 understand that I will be injected with Sculptra Dermal Filler in the facial area to treat facial lipoatrophy.

Sculptra dermal filler has been FDA approved for use in cosmetic treatments for facial lipoatrophy for patients diagnosed with HIV (Human Immunodeficiency Virus) only.

I understand that multiple treatments are necessary to achieve desired results. Treatments tend to last up to 2 years. 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. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

I understand that there is a risk of hypersensitivity reaction and possible side effects can include but are not limited to: Allergic reaction or infection, vascular occlusion, epidermal necrosis, blindness, infarction, embolic phenomena, bleeding, tenderness or pain, redness, bruising, scarring, keloid formation/ hypertrophic scarring or swelling at injection site. I will notify my physician immediately if there is ongoing or worrisome red or purple discoloration, tingling, or burning sensation. Delayed side effects can include small bumps under the skin in the treated area. These bumps may not be visible and

may only be noticed when you press on the treated skin. Bumps tend to occur within the first 6-12 months after the first treatment and may go away on their own.

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.

Sculptra should improve the appearance of facial fat loss by increasing skin thickness in the treated area but will not correct the underlying cause.

I understand that there have been no long term studies carried out on the effects of the use of Sculptra.

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

I understand there are different post care instructions for Sculptra than any other filler. I will comply with the instructions to massage the injected area for 5 minutes 5 times a day for 5 days to prevent nodules from forming. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of side effects and complications as listed above.

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:_____