CONSENT FOR AESTHETIC FILLER INJECTABLE TREATMENT

Hyaluronic acid soft tissue aesthetic filler injections, such as but not limited to Radiesse, Radiesse+, Restylane®, Restylane® Lyft, Restylane® Silk, Juvéderm VOLUMA™ XC, Juvéderm, Juvéderm® Ultra Plus XC, Perlane®, and Belotero Balance.

INSTRUCTIONS - This is an informed-consent document that has been prepared to help inform you concerning using hyaluronic acid soft tissue aesthetic filler injections such as but not limited to Radiesse, Radiesse+, Restylane®, Restylane® Lyft, Restylane® Silk, Juvéderm VOLUMA™ XC, Juvéderm, Perlane®, Juvéderm® Ultra Plus XC, and Belotero Balance. The use of fillers or Hylaform/Hyaluronic acid soft tissue filler injections has its risks and alternative treatments.

INTRODUCTION - Hyaluronic acid is a naturally occurring substance in our skin that decreases with aging. These injections are intended to provide filler substance to the skin, lips, wrinkles, or creases.

ALTERNATIVE TREATMENTS - There are alternative forms to aesthetic injectables that are non-surgical and surgical. The non-surgical alternatives consist of collagen injections, autologous fat injections, various aesthetic treatments, and anti-wrinkle homeopathic treatments. The surgical alternatives of aesthetic injectables are face lift, lip implants, cheek implants, CO₂ laser treatment, and many others. Risks and potential complications are associated with alternative forms of treatment.

RISKS - There are risks of using any hyaluronic acid soft tissue aesthetic filler injection. Every cosmetic procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual’s choice to undergo a cosmetic procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience complications, you should discuss each risk with your provider or affiliated medical personnel.

BLEEDING - It is possible to experience a bleeding episode during or after injections. Should post-procedure bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Ask your provider before taking any aspirin or anti-inflammatory medications for ten days before your procedure, as this may contribute to a greater risk of bleeding.

BLINDNESS – Although extremely rare, aesthetic injectables can cause permanent blindness by blocking the blood supply to the eye. The highest risk areas are around the glabella (the skin between the eyebrows and above the nose), nasal region, nasolabial fold, and forehead. The most common symptoms are immediate vision loss and pain. Central nervous system complications related to the blindness can occur.

INFECTION - Infection is unusual after injectables. Should an infection occur, additional treatment including antibiotics or an additional procedure may be necessary.

BRUISING - Bruising is common after injectables. You may have bruising within a week or more of having any injectables, so time your treatments with your schedule accordingly. Although wound healing after an injectable procedure is expected, you will want to keep ice on the treated area until it subsides. You may be asked to take a medication to reduce or prevent bruising such as Arnica Montana. Contact your provider if bruising lasts longer than a week or anytime if you are concerned.

DAMAGE TO DEEPER STRUCTURES - Deeper structures such as nerves, blood vessels, and muscles may be damaged during treatment with aesthetic injectables. The potential for this to occur varies according to where the treatment is being performed. Injury to deeper structures may be temporary or permanent.

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UNSATISFACTORY RESULT - There is the possibility of an unsatisfactory result from aesthetic injectables. Aesthetic injectables may result in unacceptable visible deformities, loss of function, wound disruption, skin death, and loss of sensation. You may be disappointed with the results of injectables fillers. The effectiveness of fillers eventually subsides normally. However, not all fillers can be removed or corrected once inside your face or body.

ALLERGIC REACTIONS - In rare cases, local allergies to injectables, lidocaine, or topical preparations have been reported. Systemic reactions, which are more serious, may result. Allergic reactions may require additional treatment. Lidocaine, a pain reliever used in most dentist offices, is an ingredient in many injectables. Tell your provider if you have an allergy to lidocaine or other allergies.

MEDICATION REACTION - Tell your provider if you are on, or were recently on, any medications as they may interfere with the ability of the aesthetic injectables to function. Even use of antibiotics and Aspirin should be brought to your provider’s attention.

HERPES SIMPLEX VIRUS - Tell your provider if you get cold sores, fever blisters, or have been diagnosed with the herpes simplex virus. For your comfort we will recommend that you call your physician before treatment so you can take preventative medication to avoid an outbreak. Aesthetic injectable fillers do not cause outbreaks, but can trigger a non-active outbreak.

PREGNANCY - Women should not have aesthetic injectables if they are pregnant or may become pregnant, or are breast feeding.

ADDITIONAL TREATMENTS MAY BE NECESSARY - In some situations, it may not be possible to achieve optimal results with a single aesthetic injectable treatment. Multiple sessions may be necessary. Should complications occur, additional injectables or other treatments may be necessary.

DISCLAIMER – Informed consent documents are used to communicate information about the proposed injectable treatment along with disclosure of risks and alternative forms of treatments. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

This informed consent should not be considered all inclusive in defining other methods of care and risks encountered. Your provider or affiliated medical personnel may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with aesthetic injectable fillers. Other complications and risks can occur but are even more uncommon. The practice of medicine and aesthetic injectables is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

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PLEASE READ THE STATEMENTS BELOW AND SIGN IF YOU AGREE.

I hereby authorize Dr. Steven Gitt, delegated staff, and such assistants as may be selected to perform the following procedure or treatment:

Winkle reduction, facial sculpting, and or line reduction, with hyaluronic acid soft tissue filler injections such as but not limited to Radiesse, Radiesse+, Restylane®, Restylane® Lyft, Restylane® Silk, Juvéderm VOLUMA™ XC, Juvéderm, Perlane®, Juvéderm® Ultra Plus XC, and Belotero Balance.

I recognize that during the course of the injectable treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician or affiliated medical personnel or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthetics involve risk and the possibility of complications, injury, and sometimes death.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

For purposes of advancing medical education, I consent to the admittance of observers to my aesthetic injectables.

I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

A. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN.
B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT.
C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED.

I certify that I have read all three pages of this document and give my consent for my injectable procedure.

Patient Signature / Date  ________________  Witness Signature / Date  ________________
Print Patient Name  __________________    Print Witness Name  __________________

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

Physician Signature / Date  __________________