



## CONSENT FOR TREATMENT WITH FILLER

Dermal fillers are sterile, non-animal, stabilized hyaluronic acid or calcium hydroxylapatite injectables used to correct facial lines, wrinkles and folds, for lip enhancement, for hand rejuvenation and for shaping the facial contours.

Risks and complications that may be associated with Radiesse and Juvederm dermal fillers and the implant procedure include, but are not limited to:

1. **Facial Bruising, Redness, Swelling, Itching and Pain:** I understand that there is a risk of bruising, redness, swelling, itching and pain associated with the procedure. These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.
2. **Nodules, and palpable material:** I understand that there is a risk that small lumps may form under my skin due to the filler material collecting in one area. I also understand that I may be able to feel the filler material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.
3. **Migration:** I understand that the dermal filler, as with any filler material, may move from the place where it was injected.
4. **Infection:** As with all transcutaneous procedures, I understand that injection of any filler material carries the risk of infection.
5. **Allergic Reactions:** I understand that dermal fillers should not be used in patients with severe allergies, a history of anaphylaxis, or history or presence of multiple severe allergies or hypersensitivity to any of the ingredients in the fillers.
6. **Keloids/Scarring:** I understand that the safety of Radiesse and Juvederm in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.
7. **Accidental Injection into a Blood Vessel:** I understand that dermal fillers can be accidentally injected into a blood vessel, which may block the blood vessel and cause local tissue damage, or potentially even a heart attack or stroke.
8. **Radio-opacity:** I understand that Radiesse is radio-opaque and is visible on CT scans and may be visible in x-rays.
9. **Duration of Effect:** I understand that the outcome of treatment with dermal fillers will vary among patients. In some instances, additional treatments may be necessary to achieve the desired outcome.

This above list is not meant to be inclusive of all possible risks associated with dermal fillers, as there are both known and unknown side effects and complications associated with any medication or dermal filler injection procedure. I understand that medical attention may be required to resolve complications associated with my injection.

The safety of dermal fillers for use during pregnancy or in breastfeeding women has not been established.

I have discussed potential risks and benefits of dermal fillers with my doctor. I understand that there is no guarantee of any particular results of any treatment.

By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my doctor to my satisfaction, and consent to the treatment described above with its associated risks. I understand that I have the right not to consent to this treatment and that my consent is voluntary.

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Patient Signature

Date