Consent for Dermal Filler Injections

I authorize Dr. Heather Friedman to perform temporary, semi-permanent, or permanent dermal filler injections on me and understand that this procedure is purely elective.

I understand and agree that during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those explained. I request and authorize Dr. Friedman to use her professional judgment for my care and consent to the use of any anesthesia that Dr. Friedman may deem appropriate or necessary.

I understand that serious complications are rare, but possible and that this treatment may involve risks. Complications have been known to follow these treatments even when performed with the utmost care, judgment and skill. Complications may include bleeding, bruising, pain, swelling, scarring, infection, allergic reactions, altered sensation, injury to the skin or deeper tissues resulting in cosmetic defects, and failure to achieve the desired results. I understand that rare complications such as vascular occlusion or embolus can lead to scarring, nerve and blood vessel damage, and facial skin and/or muscle loss. In rare cases, unusual reactions may occur that cannot be predicted.

I understand that some areas of treatment are considered “off label.” These have been discussed with me and I consent to treatment.

I acknowledge that no guarantees have been made to me regarding results, complications, final outcome, or unfavorable results. I accept the risk in hope of obtaining the desired beneficial result of these treatments.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publication, promotional and sales purposes. These photographs may be used and displayed publicly without my permission. I understand that I will not be entitled to any compensation as a results of the use of these images.

I certify that I have read and understand this form. Pre-and post treatment instructions have been discussed with me. This procedure, and its specific benefits and risks, and alternatives have been explained to my satisfaction. I understand the potential risks and complications involved and have decided to proceed after considering the possibility of known and unknown risks. I understand that not adhering to the post-care instructions provided will increase my changes of complications. I have had the opportunity to ask questions and have had all of my questions answered to my satisfaction. I freely consent and authorize the proposed treatments. I understand that payment is required at the time of services. By signing this consent, I certify that I am not pregnant or breast-feeding.

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_

Hyaluronic acid (HA) fillers are sterile gels consisting of non-animal stabilised hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds, for lip enhancement and for shaping facial contours.

Occasionally these fillers need to be dissolved when the aesthetic treatment has not produced the desired outcome or there is a possibility of vascular occlusion or impending necrosis (tissue death) which could lead to compromise of healthy tissue.

Hyaluronidase has an off-license use in aesthetic medicine and except in the case of emergency administration requires the patient to undergo a skin patch test at least twenty minutes prior to the procedure being undertaken. The skin patch test is carried out by injecting Hyaluronidase into the subcutaneous tissue of the forearm and observed for signs of reaction (i.e. hives or wheals). If a positive patch test result is observed, treatment with Hyaluronidase cannot be carried out. Erythema or redness and slight vasodilation may be expected.

Hyaluronidase is an enzyme which breaks down hyaluronic acid fillers, but it can also break down naturally occurring hyaluronic acid present in the body, the results can be unpredictable and the effect dramatic. I understand that there will be loss of volume and there can be some skin laxity which in itself may not provide a good aesthetic result. Although some of the effects can be immediate, I understand that it can take up to 14 days for the final results to be seen and the treatment may need to be repeated.

Hyalase® administration can result in anaphylaxis (a severe allergic reaction which in itself is life threatening and requires immediate medical attention) and I understand this and have been given full counselling and the opportunity to discuss the treatment with Hyalase®, conservative treatment options or leaving the dermal filler to break down naturally which may take several months dependent on the type of filler used and the area treated.

The use of and the indications for the administration of Hyalase® have been explained to me by my practitioner and I have had the opportunity to have all questions answered to my satisfaction. After the treatment some other common injection-related reactions might occur. These reactions include redness, swelling, pain, itching, bruising and tenderness at the injection site. They have generally been described as mild to moderate and typically resolve spontaneously a few days after injection. Bruising may occasionally be more significant.

I acknowledge that I will have to remain at the clinic for \_\_\_\_ minutes after the procedure so that I can be observed by the medical staff and that I may need to return to the clinic \_\_\_\_ days/weeks after treatment to assess if further Hyalase® is to be administered.

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the aftercare information and its contents have been explained to me and I will follow the advice given.

I consent to being treated with Hyalase®

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_