

Filler Injections Consent Form

Restylane™, Restylane Silk™, Restylane Lyft™, Radiesse™, Belotero™, Juvederm Ultra™, Juvederm Ultra Plus™, Juvederm Ultra XC™, Juvederm Ultra Plus XC

Patient Name: _____ **Date:** _____

Indications: The fillers above are sterile injectable material consisting mainly of: hyaluronic acids, or hydroxyapatite molecules with or without lidocaine (numbing solution); these are non-permanent and metabolized by the body. Filler injections are given to temporarily correct facial wrinkles, lines, folds, or scars, and/or for lip augmentation, and/or for replacement volume to the face, cheeks, orbital rims, etc. The fillers above have been approved by the FDA (Food and Drug Administration) for correction of facial wrinkles or lines (“on-label” use). Most fillers are also used “off-label” for the lips, eyelids, nose, cheeks, or other facial cosmetic corrections. I understand that the safety and effectiveness of treating facial areas other than the nasolabial folds has not been studied; however, fillers have been extensively used in all areas of the face relatively safely – depending on the filler and the technique. This “off-label” aspect of the treatment has been explained to me.

Alternatives: There are alternatives to the specific filler injections circled above. Including no treatment, collagen or fat injections, or other facial soft tissue augmentations or implants, as well as cosmetics, Botox, laser skin resurfacing, chemical peels, or plastic surgery for wrinkle reduction.

Results: I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and additional treatments are necessary to maintain the desired effect. Results depend on the filler as well as the amount or volume of the filler. Using multiple syringes often results in more dramatic improvement of wrinkles.

Side effects and complications include but are not limited to:

- Potential allergic reaction. As with any product, allergies can develop during or after injection. Patients with known allergies to these fillers or certain food allergies or numbing medications should avoid these injections.
- Injection site reactions: a lumpy or “thick” feeling at or just under the skin, bruising, redness, discoloration, scars, vascular occlusion, itching, pain, nerve damage, infection, over-correction, granulomas, palpable or visible material, tenderness, swelling, asymmetry, or shifting can occur.
- Injections into the lip area could trigger a recurrence of facial cold sores (herpes simplex infections) for patients with a history of prior cold sores.
- Further treatment for additional improvement, or correction of side effects or complications may be necessary.

Precautions and Contraindications:

- Due to the potential for an allergic reaction, fillers are not recommended for patients with severe allergies or a history of anaphylaxis to components of the particular filler.
- The risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin and non-steroidal anti-inflammatory drugs (e.g. ibuprofen, Aleve, Motrin, Celebrex), high doses of Vitamin E, and certain herbal supplements (Ginkgo Biloba, St. John’s Wart, Flaxseed, Omega-3, etc.)
- The safety of fillers in pregnant or breastfeeding women has not been established, and is therefore not recommended for these women.

Consent: I understand the possible need for local anesthesia to reduce the discomfort of the procedure and consent to the topical application of anesthetic gel and/or injections of anesthetic for a nerve block or local infiltrative anesthesia. I understand the above, and have has the risks, benefits, and alternatives explained to me, and have had the opportunity to ask questions and refuse treatment. I have chosen this treatment voluntarily and no guarantees about results have been made. Further treatments may be needed. Payments are non-refundable. To the best of my knowledge, I am not pregnant, and I am not breastfeeding. I give my informed consent for filler injections today as well as future treatments as needed.

Patient Signature: _____ Today’s Date: _____

Printed Patient Name: _____ Witness Signature: _____