



Richmond Surgical Arts, Inc.

the
skinrejuvenation
center

DERMAL FILLER CONSENT

I, _____, have requested _____
to administer the dermal filler _____. Dermal filler is a stabilized hyaluronic acid used for the correction of moderate to severe facial wrinkles and folds. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether not to move forward with the procedure.

PROCEDURE

- This procedure is administered via a syringe (injection), into the areas of the face sought to be filled with hyaluronic acid to eliminate or reduce wrinkles and folds.
- The treatment site is cleansed with an antiseptic solution.
- Topical anesthesia may be applied to the areas to be treated in order to reduce the discomfort of the injection.
- The product is a clear, transparent gel that is injected under your skin using a thin gauge needle.
- The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s).
- Multiple injections may be required.
- Following each injection, the injector may gently massage the correction site to help the product conform to the contour of the surrounding tissues.
- Additional treatments of the product may be necessary to achieve the desired level of correction.
- Its effect can last up to six months or longer without the need for re-administration and then additional treatments may be required within six months to one year to maintain the desired effect.

ALTERNATIVES

This is strictly an elective cosmetic procedure. No treatment is necessary or required. There are alternatives to injections, including no treatment, Botox, laser skin resurfacing, chemical peels, or plastic surgery.

RISKS/DISCOMFORT

- Although a very thin needle is used, common injection-related reactions could occur: swelling, pain, itching, discoloration, bruising or tenderness. You could experience increased bruising or bleeding if you're using substances that reduce blood clotting such as aspirin or other non-steroid

anti-inflammatory drugs (e.g. Ibuprofen, Advil, Motrin, Aleve, and Celebrex), St. John's Wort, Ginkgo Biloba, Omega 3 fish oils or high doses of Vitamin E.

- These reactions generally lessen or disappear within a few days but may last for a week or longer.
- As with all injections, this carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials will be taken.
- Some temporary visible lumps may occur.
- Potential allergic reaction may occur.
- The product should not be used in patients who have a history of the following: severe allergies and/or anaphylaxis or an active infection/inflammatory in the area to be treated. Allergies to gram positive bacteria.
- Most patients are pleased with the results. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied.
- After treatment, minimize exposure of the treated area to excessive sun/UV lamp and/or extreme cold weather until the initial swelling and redness has gone away.
- Localized Necrosis and/or sloughing, with scab and/or without scab can occur if blood vessel occlusion occurs.
- People with a history of cold sores may experience a recurrence after the treatment, although this can be minimized by the use of antiviral medicines. I agree to consult with my physician if I have a history of cold sore or fever blisters prior to this treatment.
- Rare complications include but are not limited to: Genuine granuloma formation following implantation of injectable dermal fillers, allergic reactions, and keloid formation/hypertrophic scarring (dermal filler treatments are not indicated in individuals who are susceptible to hyper keloid formation).

CONSENT

I understand the above, and have had the risks, benefits, and alternatives explained to me. I have had the opportunity to ask questions. No guarantees about results have been made. I understand and agree to follow all post-treatment instructions.

To the best of my knowledge, I am not pregnant, and I am not breast-feeding. I give my informed consent for dermal filler injections today as well as future treatments as needed.

I hereby release Richmond Surgical Arts, The Skin Rejuvenation Center, and Dr. Lynam from all liabilities associated with the above indicated procedure.

Patient Signature

Date

Provider Signature

Date