

INFORMED-CONSENT- Dermal Filler

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning dermal fillers and their risks.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION

A dermal filler is a reabsorbable implant product approved by the United States Food and Drug Administration.

Risks of Fillers- Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of the procedure.

Bleeding, bruising, redness, swelling, itching, pain- I understand that there is a risk of bruising, redness, swelling, itching and pain associated with the procedure. 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.

Infection- As with all transcutaneous procedures, I understand that injection of any filler material carries the risk of infection.

Migrations- I understand that dermal filler may move from the place where it was injected.

Allergic Reactions- I understand that a dermal filler should not be used in patients with severe allergies, a history of anaphylaxis, or a history or presence of multiple severe allergies or hypersensitivity to any of the ingredients in the filler.

Keloids/Scarring- I understand that the safety of a filler in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.

Accidental Injection into a Blood Vessel- I understand that a dermal filler can be accidentally injected into a blood vessel, which may block the blood vessel and cause local tissue damage, or potentially even heart attack or stroke. **Radio-opacity**- I understand that a dermal filler may be radio-opaque and may be visible on CT scans or x rays.

Duration of Effect- I understand that the outcome of treatment with a dermal filler will vary among patients. In some instances, additional treatments may be necessary to achieve desired outcome.

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

I understand that I should minimize exposure of the treated area to the sun or heat for approximately 24 hours after treatment or until any swelling goes away.

The safety of this product has not been established in breast feeding women.

I have discussed the potential risks and benefits of this procedure with my healthcare provider. I understand that there is no guarantee of any particular results of this treatment.

I understand I am responsible for all payment for services rendered.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

INFORMED-CONSENT: Dermal Fillers

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 CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____

Witness _____