



Informed Consent for the Injections of Hyaluronic Acid & Calcium Hydroxylapatite Fillers (Dermal Fillers)

Purposes and Background

You have requested the injections of dermal fillers to correct moderate to severe facial wrinkles, folds, and volume loss. All medical and cosmetic procedures carry risks and may cause complications. 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 or not to go forward with this procedure.

Procedure:

- This product is administered via syringe, or injection into the area(s) of the face sought to be filled with the Hyaluronic Acid or Calcium Hydroxylapatite to eliminate or reduce the wrinkles, folds, or volume loss.
- Topical numbing anesthetic may be used to reduce the discomfort of injections.
- The treatment sites will be cleansed with an antiseptic solution prior to treatment.
- The depth and number of injections are dependent on the area and the severity of the wrinkle, fold, or volume loss.
- Following the injection, the injector will massage the treatment zone and apply ice as needed.
- Additional injections may be needed after initial treatment to fully correct treatment zones.
- Periodic touch-up treatments will be needed to maintain desired levels

Risks and Discomforts

- You may experience one or more of the following issues: swelling, pain, discoloration, scarring, bruising, or tenderness at the injection site.
- Avoid anti-inflammatory and blood thinning products one week prior to treatment can minimize bruising or bleeding at the injection sites.
- Generally, if bruising does occur it will gradually lessen and disappear within a week.
- A carry risk of infection, standard precautions will be used to minimize risk.
- Post treatment small lumps or modules may form. This is temporary but may last up to two weeks. If resolution has not occurred in two weeks further intervention may be necessary.
- While the majority of patients are pleased with the results, there is no guarantee that wrinkles & folds will disappear completely, and additional treatments may be required to achieve desired results.
- After your treatment, you should follow prescribed post care instructions to minimize the risks and maximize results.

PATIENT INITIALS: _____



Benefits

- Hyaluronic Acid & Calcium Hydroxylapatite based fillers have shown to be safe and effective when compared to collagen skin implants and other related products. Duration of effect vary depending on zone and product used for treatment.
- Touch-ups are recommended 3 to 4 months after the original injections to maintain and prolong results.

Alternatives

- This is a strictly voluntary cosmetic procedure. No treatment is necessary or required. Other alternative products are available.

Cost/Payments

- The cost of the treatment is due at the time of treatment. Since dermal fillers are considered cosmetic in use, they are generally not reimbursable by government or private health care insurers.

Questions

- This procedure has been explained to you by Tina Johnson, R.N., if you have any other questions about these products or procedure, you may call (903)-814-7760.

Consent

- Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent, you hereby grant authority to Tina Johnson, a registered nurse, to perform facial augmentation and filler therapy using hyaluronic acids or calcium hydroxyapatite or advisable in the diagnosis and treatment of you condition.
- The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to your satisfaction.
- No guarantee has been given by anyone as to the results that may be obtained by this treatment.
- I have read this informed consent and certify that I understand it contains in full. I have had enough time to consider the information and feel that I am sufficiently advised to consent to this procedure.

I hereby give my consent to this procedure.

X _____

Name (printed)

Date

X _____

Signed Name

Witnessed Signature