



Client Consent for Dermal Filler **Juvéderm® and Teosyal®**

The use, indications, contraindications and potential adverse effects of treatment with the Juvéderm and Teosyal range of products (also known as “Dermal Fillers”) have been explained to me. I understand the information provided. I have answered all questions regarding my medical history truthfully. I have also informed my Physician/Health Care Provider of all my previous aesthetic procedures (especially injectable treatments). I have discussed the risks and benefits of Dermal Fillers with my physician/healthcare professional (HCP) and have received satisfactory answers.

I clearly understand that:

- Dermal Filler products are cross-linked hyaluronic acid of non-animal origin.
- Dermal Fillers are injected via a syringe using a sharp needle or blunt cannula into the dermis (skin) to temporarily correct fine lines, wrinkles, folds and contours of the face or to temporarily increase the volume of the lips.
- Dermal Fillers can provide correction for an average of 9 months to 1 year or longer. Lip results typically last less (6 months on average). This effect varies depending on the type of skin, areas of injection, amount injected, overall health and lifestyle (ex: smoking, excessive sun exposure).
- The longevity of either filler in the lips may be reduced because of the high vascularization of the lips.
- Fillers require time to settle and heal; we highly recommend a follow up appointment within 2 weeks.
- There are NO refunds on injected fillers.
- A touch-up procedure a few weeks after the first injection may help increase persistence and optimize results.
- **Additional filler cost (even touch-ups) is the responsibility of each individual client.**
- **Sculpt Aesthetics will not correct or add to other clinics dermal filler results and/or recent injections.**

Face will be fully cleansed with an antibacterial face wash, removing all makeup and skincare prior to the procedure. We also recommend no makeup be worn 12 hours post procedure.

I clearly understand that after injection of Dermal Filler products there are some potential side effects which include and may not be limited to:

- Inflammatory reactions such as redness/erythema and edema/swelling, which may be accompanied by stinging, pain, firmness or pressure may occur. These reactions may last up to one week or longer.
- Nodules may develop at the injection site or throughout the treatment area.

Initial: _____

- Very rare cases of discoloration of the injection site have been reported.
- Rare cases of necrosis in the glabellar region.
- Abscess, granuloma or hypersensitivity have been described in the literature after injections of hyaluronic acid.
- **Rare cases of blindness have been reported worldwide after injections of dermal fillers. The potential risk may be reduced by avoiding high risk areas or using a blunt tip cannula instead of a needle but this does not entirely eliminate the risk.**
- Persistence of inflammatory reactions for more than one week or the development of any other side effect must be reported to the Medical Director at Sculpt Aesthetics as soon as possible.
- Increase of bruising or bleeding at injection site if using substances such as aspirin (acetylsalicylic acid, ASA), ibuprofen (Advil, Motrin), or naproxen (Aleve, Naprosyn).

I have informed my physician/health care provider of my medical history and I clearly understand that **I cannot be treated with a Dermal Filler** if:

- If I am pregnant or breastfeeding
- In areas presenting with inflammatory and/or infectious skin problems (acne, etc.)
- If I have a permanent facial implant
- **If I have a dentist appointment one month prior and one month post my scheduled appointment.**
- **If I am feeling unwell with cold or flu symptoms**
- If I have a known hypersensitivity (allergy) to Hyaluronic acid

I understand that Dermal Filler may be injected **WITH CAUTION** if:

- If I have a tendency to develop hypertrophic/keloid scarring
- If I have a past history of autoimmune disease or I am receiving immunotherapy treatments and that the presence of these conditions increases the risk of granuloma formation
- If I am undergoing laser therapy, chemical peeling or dermabrasion and that I should wait 2 weeks between concurrent skin treatments and dermal filler injection
- If I am allergic to bee stings or yellow tail wasps
- If I have been previously injected with a permanent filler (eg Dermalive, Artecoll, ArteSense, Radiesse, Sculptra), as combining a non-permanent with a permanent filler can increase the risk of granuloma formation. I am aware I cannot be treated over this area with any other filler for at least 1 year. Neighboring (adjacent) areas may be safely injected although the risk of granuloma cannot be completely eliminated.

I have informed Sculpt Aesthetics and their Medical Director about all of the medications that I have taken or am currently taking including herbal medications (i.e. ginseng)

In the case of an adverse effect I may have to be injected with hyaluronidase. This is a substance that can be dissolve the hyaluronic acid _____ **(initial)**

I have been advised not to have any important events two weeks post filler treatment and if I do so then it is my own decision to go ahead with the treatment_____ **(initial)**

I understand it is highly recommended to attend a follow up appointment 2 weeks post treatment_____ (initial)

I have discussed the risks and benefits of Dermal Fillers with my physician/healthcare provider or his/her representative. I understand that this is an elective treatment and other treatment options are available. I understand the information provided. I understand the risks associated with Dermal Fillers. I have given my consent for the injection of a Dermal Filler.

Photographs

I authorize the taking of clinical photographs as part of my medical record and strict confidentiality will be maintained.

Payment

I understand that this is a cosmetic procedure and that payment is my responsibility.

Name of patient **Patient signature** **Date**

Name of physician/HCP **Physician/HCP signature** **Date**