



Client Consent for Dermal Filler **Teosyal® / Belotero®**

The use, indications, contraindications and potential adverse effects of treatment with the Teosyal and or Belotero 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.
- Very rare cases of discoloration of the injection site have been reported.
- Rare cases of occlusion (the blocking of a blood vessel) and necrosis (the death of the tissue in the area) in the upper, mid and lower face.
- Abscess, granuloma or hypersensitivity have been described in the literature after injections of hyaluronic acid.
- **Rare cases of blindness and or stroke 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 may not 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 ABSOLUTELY cannot be treated with a Dermal Filler if:

- If I am pregnant, attempting to become or breastfeeding
- In areas presenting with inflammatory and/or infectious skin problems (acne, etc.)
- If I have a permanent facial implant
- If I have received the certain permanent fillers including but not limited to: Dermalive, Artecoll, ArteSense, Bellafill. Combining these fillers with non-permanent fillers can increase the risk of **severe** granuloma formation
- If I have a dentist appointment (procedure or cleaning) two weeks prior and two weeks post my scheduled appointment.
- If I am feeling unwell with cold or flu symptoms or have an active bacterial/viral infection ex. UTI) within 30 days.
- 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 the following permanent fillers: Radiesse, Sculptra Neighboring (adjacent) areas may be safely injected (approximately 12 months after the Radiesse/Sculptra injection) 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 or am currently taking including herbal medications (i.e. ginseng)_____ **(initial)**

I agree that it is my responsibility to bring forth and disclose any changes in my health, pregnancy or breast-feeding status prior to my treatments as it may affect my ability to have the procedure. _____ **(initial)**

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. I understand there may be a risk of an allergic reaction _____ **(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)**

The FDA advisory committee reviewing the new Moderna vaccine has noted a specific side effect involving several trial participants who have cosmetic facial fillers. The FDA committee noted. In these outlined cases the patients all had swelling and inflammation in the area that was given the filler. A couple (2) of the patients had cheek filler six months prior to their vaccine and one (1) patient had lip filler done two days after the vaccine. All were treated with steroids and anti-histamines and all of their reactions resolved.
_____ **(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 individual results may vary. I understand the information provided. I understand the risks associated with Dermal Fillers. I have given my consent for the injection of Dermal Filler. I understand that I will be required to sign a consent form each and every time I request treatment.

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