

DERMAL FILLERS INFORMED CONSENT

I, _____, understand that I will be injected with a dermal filler in the area of the face, eyebrows, temples, under-eyes, nose, jaw, chin, jowels, cheeks, forehead, and lips.

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 the procedure as proposed.

THE TREATMENT

This is an informed consent document which has been prepared to help inform you concerning Hyaluronic Acid Filler such as Restylane®, Juvaderm, & Belotero. (Non-Animal Stabilized Hyaluronic Acid) tissue filler injection therapy, its risks, and alternative treatments. As well as Radiesse, a sterile, latex-free, non-pyrogenic, semi-solid, cohesive subdermal, injectable implant, whose principal component is synthetic calcium hydroxylapatite, a biocompatible material with over 20 years of use in medicine, approved for use in hands, cheeks, and pre-jowel sulcus. Hyaluronic acid is a naturally occurring substance that is found within all mammals including humans. It is a material that is contained in various soft tissues. Hyaluronic acid can be synthetically produced from a process of bacterial fermentation, chemically stabilized, and purified for use as an injectable soft tissue filler (non-animal, stabilized hyaluronic acid). The hyaluronic acid in Dermal-Fillers is biocompatible and is a totally non-animal product; there is little risk of animal-based disease transmission or allergic reaction. Dermal-fillers can be performed in areas involving the face, eyebrows, temples, under-eyes, nose, jaw, chin, jowels, cheeks, hands, forehead, and lips, just to name a few and some areas are considered Off-Label use, not FDA approved areas. Dermal-Filler injections contain local anesthetic in the syringe to diminish discomfort. Continuing treatments are necessary in order to maintain the effect of Fillers over time, they do not stop the aging process. Once injected, dermal-fillers will be slowly absorbed by the body. The length of effect for fillers injections is variable and depends on the person.

RISKS

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo an elective procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience any complications, you should discuss each of them with your doctors to make sure you understand risks, potential complications, limitations, and consequences of FILLER injections. Additional information concerning FILLER may be obtained from the package-insert sheets.

The following information is specific to FILLERS:

1. Although a very small needle is used, common injection related reaction could occur. Likely effects include some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substance that reduce blood clotting such as aspirin or non-steroidal anti-inflammatory drugs such as Advil or Ibuprofen.
2. These reactions generally lessen or disappear within a few days, but may last for a week or longer.
3. As with injections, this procedure carries a risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken but infection of the injection site is a possibility.
4. Needle Marks: Visible needle marks from the injections occur normally and resolve in a few days.
5. Acne-Like Skin Eruptions: Acneiform skin eruptions can occur following the injection of tissue fillers. This generally resolves within a few days.
6. Some visible lumps may occur temporarily following the injection. After the swelling has gone down, you may be able to feel bumps but they should no longer be visible.
7. Some patients may experience additional swelling or tenderness at the injection site and on rare occasions, pustules may form. These reactions might last for as long as two weeks, and in some cases, may need to be treated with oral corticosteroids or other therapies.
8. Dermal fillers should not be used in patients who have experienced hypersensitivity, those with severe allergies to latex or xylocaine products (including but not limited to: xylocaine, novacaine, zylocaine, benzocaine, prilocaine, or tetracain) and should not be used in areas with active inflammation or infections (e.g. cysts, pimples, rashes or hives).
9. If you are considering laser treatment, chemical peels or any other procedure based on skin response after dermal fillers, or if you recently had such treatments and the skin is not healed completely, there is a possible risk of inflammatory reaction at the implant site. Ask your doctor if you've had multiple facial esthetic procedures within a short period of time.
10. Granulomas: Painful masses in the skin and deeper tissues after a filler injection are extremely rare. Should these occur, additional treatments including surgery may be necessary. Fillers should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives)
11. Most patients are pleased with the results of dermal fillers. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles or folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of dermal fillers can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required

periodically, generally within 6 months to a year, involving additional injections for the effects to continue.

12. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.
13. Asymmetry: The human face and eyelid region is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of your normal anatomy. While fillers can help, they may not always be able to restore perfect symmetry.
14. **Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.
15. *I will follow all aftercare instructions as it is crucial I do so for healing.*

Mental Health Disorders and Elective Surgery: It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional treatment and often are stressful. Please openly discuss with your doctor, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Sun Exposure – Direct or Tanning Salon: The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their doctor and avoid tanning for 1 week before and after treatment. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Additionally,

While the doctor will recommend a certain volume to be injected, the actual volume injected is an estimate of the amount required. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments and that additional volume may be needed.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent FILLER treatments with the above understood. I hereby release the doctor, the person injecting the FILLER and the facility from liability associated with this procedure.

Initial _____

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenic gravis, multiple sclerosis, amyotrophic lateral sclerosis (ALS), and Parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin.

Initial _____

ALTERNATIVE PROCEDURES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments include but are not limited to Botox, Laser skin modalities, platelet-rich concentrates and other cosmetic surgery.

Initial _____

PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment.

Initial _____

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time.

Initial _____

PHOTOGRAPHY

If Pre and Post-Treatment photos and/or videos are taken of the treatment for record purposes; I understand that these photos will be property of CARE ESTHETICS®. I understand that these photos may be used for diagnostic, educational, advertising, scientific/teaching purposes, or record keeping purposes. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

Initial _____

RESULTS

Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Its effect can last up to 6 months. Most patients are pleased with the results of dermal fillers use. However, like any esthetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the

results you seek. The dermal filler procedure is temporary and additional treatments will be required periodically, generally within 4-6 months, involving additional injections for the effect to continue. I am aware that follow-up treatments will be needed to maintain the full effects. I am aware the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. The correction, depending on these factors, may last up to 6 months and in some cases shorter and some cases longer. I have been instructed in and understand the post-treatment instructions.

Initial _____

I understand this is an elective procedure and I hereby voluntarily consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, establish proper lip and smile lines, and replacing facial volume. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history, I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

Initial _____

CONSENT

Your consent and authorization for this procedure is strictly voluntary. By signing this consent form, you hereby grant authority to the doctor to perform facial augmentation and/or filler therapy injections using the dermal filler of your choice for any related treatment as may be deemed medically necessary or advisable in the treatment areas you so choose. The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to my satisfaction.

No guarantee has been given as to the results that may be obtained by this treatment. I have read this informed consent form and certify that I understand its contents in full. I have had enough time to consider this information and I feel that I can sufficiently advise to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after being fully informed of the risks and benefits involved.

Initial _____

The details of this procedure have been explained to me in terms of:

- Alternative methods and their benefits and disadvantages have been explained to me.
- I am aware that smoking during the pre and post-operative periods could increase chances of complications.
- I have informed the doctor or nurse of all my known allergies, including allergies to latex.
- I have informed the doctor or nurse of all medications I am currently taking including prescriptions, over the counter medications/remedies, herbal therapies and any other.
- I am aware and accept that no guarantees regarding the result of this procedure have been made or implied.
- Prices are subject to change. The pricing I receive during this treatment is only for today's treatment. Any additional treatments, products or services will be billed at rates effective at time of the additional treatments.
- I am not currently pregnant or nursing.
- I have been advised to seek immediate medical attention if swallowing, speech, or respiratory disorders arise.
- I certify that I have read and understand this agreement and that all spaces for initials were filled prior to my signature

Patient Name (Print)

Patient Signature

Date