

## Dermal Filler Consent

### INTRODUCTION:

Dermal Fillers are FDA-approved treatments to restore loss of volume and smooth wrinkles and facial lines. Facial lines and wrinkles are caused by aging, sun damage, heredity, gravity, and muscle action. The dermal fillers used at Your Wellness Center are comprised of hyaluronic acid. Hyaluronic acid is a natural substance that already exists in the human body used to provide a youthful look through volume and fullness of the skin. Dermal fillers are injected into the skin in small amounts resulting in minimal to moderate discomfort. These injections produce instant results. This treatment is temporary and re-treatment typically occurs every 6 months.

### CONTRAINDICATIONS:

- Pregnant or lactating women
- Neurological diseases such as: Multiple Sclerosis, Lupus, Rheumatoid Arthritis, or Muscular Dystrophy
- Severe allergies or history of allergies to gram-positive bacterial proteins.
- Allergy to Lidocaine.

### ALTERNATIVE TREATMENTS:

I understand dermal filler treatments are voluntary and that other and more permanent treatments are available such as: animal-derived collagen filler products, synthetic plastic implants, or bacterial toxins that can paralyze muscles that cause wrinkles.

### COMMON SIDE EFFECTS & RISKS

- **Bleeding** Aspirin and anti-inflammatory medications may increase this risk. Temporarily discontinuing these medications ten days prior to the dermal filler injection may help decrease these symptoms.
- **Redness/ Swelling** These symptoms are expected. They may be relieved by applying ice to the area.
- **Bruising** The risk of bruising increases with consumption of alcohol within 24 hours of injection.
- **Infection** Infection is unusual and additional treatments such as antibiotics may be needed.
- **Allergic Reactions** Although rare, there may be an allergic reaction to the injection. Some of the dermal fillers contain lidocaine. If I have an allergy to lidocaine, I understand it is my responsibility to inform my provider prior to injection.

Every procedure involves a certain amount of risks and it is important to understand the risks involved. Even though majority of patients do not experience complications, it is important to understand them and discuss them with your provider.

### POST TREATMENT INSTRUCTIONS:

- It is important to follow post treatment instructions to achieve the best results from the injections.
- Cold compresses may be used immediately after treatment to help reduce swelling. To avoid movement of the filler placement, do not push compress too hard against treatment area.
- Do not touch or mold the treated area within 6 hours following the treatment. Apply make-up lightly.
- Avoid exercise, alcohol, and extremes of hot and cold for 24 hours post injection.
- If you notice any lumps in the treated area after the swelling has subsided, gently massage the area with clean fingertips.

- Follow up in 2 weeks if recommended by your provider.

\_\_\_\_\_ WARNING:

Moderate amount of swelling immediately post treatment is normal. If excessive swelling or signs of infection occur, please contact the office immediately (513-791-9474). Signs of infection include:

- Drainage that looks like pus
- Increased warmth in the treatment area
- Significant tenderness or pain in the treatment area
- Fever of 101.5 or greater

\_\_\_\_\_ DISCLAIMER:

I understand the nature of the procedure to be performed, the contraindications, side effects, risk, and complications. I acknowledge that I have been given the opportunity to ask any questions regarding the procedure, and these questions have been answered to my satisfaction. I understand the pre and post care instructions and how crucial they are for the success of the dermal filler treatments. By not following the pre and post care instructions, I understand side effects and complications may occur. I understand the practice of medicine and the subsequent use of dermal fillers is not an exact science. Although good results are expected, there is no guarantee on the results that may be obtained. I hereby give my unrestricted informed consent for the procedure and subsequent treatments. I hereby release the doctor, the NP/PA injecting the filler, and the facility from liability associated with this procedure. I am aware this is a cosmetic procedure and I am full responsible to pay for the entire amount charged. I understand no refunds for any treatment may be rendered, regardless of the results. I understand it is my responsibility to inform the office staff of any changes to my medical history, including any of the contraindications listed above.

Printed Patient's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_