



INFORMED CONSENT FOR HYALURONIC ACID INJECTIONS

1. Hyaluronic acid such as Restylane, Restylane Lyft, Juvederm is a sterile complex carbohydrate gel it is present in human tissue as ground substance filling space between cells it is used to correct creases wrinkles and depressed scars as well as to add volume to deficient areas it commonly last for 6 to 12 months.
2. Though Hyaluronic acid fillers are FDA approved and are generally safe and effective treatment options like any medical procedure there are potential risks involved with the treatment risks of Hyaluronic acid injections include bleeding or bruising deep structure injury vascular compromise infection allergic reaction asymmetry blindness numbness pain skin reaction and or unsatisfactory results with the need for touchups or other resolution options. Sometimes touch up procedures are required. Finally, there is always a possibility that other unforeseen risks may be discovered with filler products that is not known by providers today.
3. Pregnant or nursing mothers should not have Hyaluronic acid injections. I am currently neither pregnant, lactating, or a mother who is breast feeding.
4. I understand clinical results may vary depending on individual factors including medical history skin type compliance with pre-and post-care treatment instructions and individual responses to treatment no guarantee has been given regarding the results.
5. I consent to taking photographs to be kept as a part of my medical record pre-and post-photos obtained.
6. I recognize that when performing any medical treatment individual conditions may necessitate alterations in the treatment plan to improve the cosmetic result or to insure patient safety. I authorize such procedures as are deemed necessary for my well-being including intervening in situations such as an emergency or allergic reaction.
7. I consent to the administration of topical or local anesthesia described to me by the clinician or physician. I understand there is some discomfort from injections of these dermal fillers.
8. I have reported all medical concerns and conditions and allergies listed in medical history and reviewed by clinician and MD with my knowledge.
9. I have read and understood the information on this form and questions about the procedure have been answered. My signature confirms that I am fully aware of risks and benefits, and I can consent to this procedure. I accept any of the risks listed above and would like to proceed with having injections as discussed with.....

Patient Name

Date

Patient Signature

Date