

## **FACIAL FILLER CONSENT FORM**

Facial fillers are chemically neutral water avid pharmaceutical products developed to safely reverse visible signs of aging. While not correcting, reversing or slowing age related changes of facial features, fillers make significant changes in personal appearance making the features more aesthetically appealing.

Dermal fillers are FDA approved for use in facial areas of the nose, lips and chin and associated folds and wrinkles. Benefits generally last from 9 to 18 months based on volume and type of product used. The use of fillers may be combined with other skin care treatments. Timing and sequence of associated facial treatments are important when using facial fillers. Frequencies of injections vary from individual to individual according to need and personal preference.

At times the use of Botox Cosmetic muscle relaxer is preferentially done prior to or in place of the use of filler. Consultation with Dr. Salzman regarding planning of your procedure is encouraged for thorough understanding and informed consent.

As with any needle insertion through the epidermis, careful skin preparation for comfort and hygiene are part of proper procedure and result in lower risk of bruising, bleeding, pain, infection, or scarring. Even without injection, the simple insertion of needle can result in any of the above risk factors occurring. Comfort is achieved through the topical and if necessary, injection of a dental block of lidocaine, benzocaine, or tetracaine containing epinephrine. If known to be allergic or intolerant to medicinal products used in conjunction with use of dermal fillers, please advise Dr. Salzman for inclusion in your medical record.

Certain commonly used non-prescription and prescription medications as well as large doses of vitamins and any use of certain herbal or nutritional supplements will accelerate and prolong both bruising and bleeding. All medications must be made known before every injection. Certain medications may need to be completely discontinued 10 days prior to every injection session.

Every effort is made to result in evenness and texture smoothness after your facial injection. The volume of product injected allows the recipient the tactile awareness of the product throughout the duration in the tissues. Manufacturer experiences may predict your experience after your injection, but can not be guaranteed. Dr. Salzman takes great care to reduce every risk of lumpiness, nodularity and changes of evenness of effect on facial expression.

Photographs are taken both before and within 30 days immediately after your injection. Consents for photographs are also requested prior to the obtaining these which remain part of your permanent treatment record.

Individuals who develop excess scar formation as part of their healing are discouraged from having treatments that can lead to permanent scar formation, a genetic variant of normal healing. Such scarring is referred to as keloidal or hypertrophic and is not product related.

Certain fillers are radio-opaque and will show on subsequent x-rays or Ct. Scans. Advise your physician when appropriate about any prior facial injection.

Filler injections do not require allergy testing as they are bio-compatible and neutral to the human biology. However, if you have been hyper allergic in the past, a prior medication as Benadryl, Chlortrimeton, or other non-sedating anti-histamine or low dose mild and temporary use of prednisone (cortisone) may be indicated if you should experience an adverse event. Spray inhalers or anti-angina medications used at home should be brought with you and are not available at this office.

While warm baths and showers are tolerated, hot tubs, saunas and sun exposure, including tanning booths will create redness and swelling and dissipate the length of benefit of your filler.

Safety during pregnancy and lactation has not been studied and use of Botox and facial fillers are optional and should not be given during these times.

Aesthetic and cosmetic treatments are not covered by health insurance and we do not participate in health insurance. You alone are financially responsible for all fees. Questions regarding cost of services are welcomed and prices do vary throughout the year. Receipts are provided after full payment has been made. Insurance diagnostic codes can be provided when requested but do not guarantee reimbursement by insurance plans.

Refunds prior to services can be arranged, however, once commence unused treatment costs of services can be applied to alternate Med Spa services, but not refunded. Package prices are discounted pre-paid prices and differ from individual services paid on a fee for service cost basis, service by service. You may be eligible for interest free financing. Discuss your personal financial concerns privately with Med Spa Staff prior to contracting for your product or service.

I have the right to consent and the right to not consent. I acknowledge having read, and understood the foregoing and having all my questions fully responded to my satisfaction. I agree with these terms and by my signature acknowledge my agreement and consent.

The product I choose is: 1) Radiesse 2) Juvederm Ultra 3) Juvederm Ultra Plus 4) Botox Cosmetic and agree to the injection into my facial areas as approved by the FDA and manufacturer of these implants/ products and the associated risks and benefits of each.

Patient Print Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_  
Date : \_\_\_\_\_

Witness Print Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_  
Date : \_\_\_\_\_

I have received the pre and post care instructions. Initials: \_\_\_\_\_ Date: \_\_\_\_\_