



## PATIENT CONSENT FORM Dermal Filler

Hyaluronic Acid Dermal Fillers are sterile gels that mimic the natural hyaluronic acid that is found in your skin. Dermal Fillers add volume and shape to your face, and correct and smooth facial lines. The results can be seen immediately and can last from 6 – 18 months.

### RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- Posttreatment discomfort, swelling, redness, bruising
- Posttreatment bacterial, viral, fungal infection requiring further treatment
- Allergic reaction
- Very rare cases of vascular occlusion resulting in skin/tissue damage. When this is identified immediately, it can be reversed with injection of hyaluronidase.

### PHOTOGRAPHS

\_\_\_\_\_ (Initial) I authorize the taking of clinical photographs by Dr. Joe and his staff. I am aware that all reasonable efforts will be made to conceal my identity and that this may not always be possible, particularly in images involving the face. These photos may be used for:

- 1) Tracking results at follow-up appointments
- 2) Media

### GENERAL HEALTH

\_\_\_\_\_ (Initial) I am not pregnant or breast-feeding. The health history that I have provided is to the best of my knowledge, accurate and complete.

I have read and understand the above. The doctor/staff have answered all questions to my satisfaction, and I accept the risks and complications of the procedure.

### SIGNATURE

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_