

**Patient Consent Form Dermal Fillers: Juvederm, Juvederm Ultra,  
Juvederm Ultra Plus, Radiesse, Hydrrell Restylane, Prevelle Silk**

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo Dermal Filler treatment. This disclosure is not to alarm you but to better inform you so that you may withhold your consent for this treatment.

**What are the possible side effects:**

Mild to moderate in nature and their duration is short lasting (7 days or less). The most common side effects include but are not limited to: temporary injection site reactions such as redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching and discoloration. Infection and in rare cases blood vessels can be compromised, which may cause bruising but also could develop into a sore area that rarely leads to a scar.

**Are there any reasons I should not receive Dermal Filler injectable gel?**

- \*Patients who have severe allergies marked by a history of anaphylaxis or history or presence of multiple severe allergies.
- \*Patients with a history of allergies to gram-positive bacterial proteins.

**Be advised about the following treatment considerations:**

Patients using substances that can prolong bleeding, such as aspirin or ibuprofen as with any injection may experience increased bruising or bleeding at injection site. You should inform your physician before treatment if you are using these types of substances.

Patients with a history of cold sores or herpes simplex may experience an outbreak after the injections. It is recommended that you inform the physician of this condition.

Patients who have laser treatment/chemical peeling or any other procedure based on active dermal response is considered after treatment with Dermal Filler injectable gel, there is a possible risk of inflammatory reaction at the injection site.

Use Dermal Filler injectable gel with caution if you are a patient on immunosuppressive therapy or therapy used to decrease the body's immune response, as there may be an increased risk of infection.

The safety of Dermal Filler injectable gel in patients with a history of excessive scarring (e.g. hypertrophic scarring and keloid formations) and pigmentation disorders has not been studied.

The safety of Dermal Filler injectable gel for use during pregnancy, in breastfeeding females or in patients under 18 years has not been established.

**When should I notify my physician?**

Be sure to report any redness and/or swelling that lasts for more than a few days or any other symptoms that cause you concern to your physician.

I have requested the IHIDS to attempt to improve my facial lines with Dermal Fillers. The results are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning the expected results. I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

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

\_\_\_\_\_  
Date