



## **DERMAL FILLER INFORMED CONSENT**

### **Procedure**

Dermal Fillers (“fillers”) are approved by the FDA and are indicated to correct moderate to severe facial wrinkles and folds. Fillers may also be used to restore volume to the face and body, lip augmentation and hand rejuvenation.

Fillers are injected into the lips, dermis and subcutaneous tissue to restore structure and volume underneath the skin. Your provider will determine exactly where to place these injections to achieve the best results. Filler results are instant and last approximately 6-24+ months for hyaluronic acid and 9-12+ months for calcium hydroxyapatite. At that time, the procedure can be repeated if desired.

### **Alternatives**

Filler injection procedures are strictly voluntary; treatments are not required, nor necessary.

### **Risks & Side Effects**

I understand that topical anesthesia may be used to reduce discomfort during this procedure. Common injection-related reactions lasting up to 14 days (2 weeks) can occur, including: swelling, pain, discoloration, bruising, and/or lumps at the injection site.

Adverse reactions to filler are rare but can include:

*Bleeding & Bruising* – May occur at the injection site and will typically heal like a regular bruise. Avoid aspirin and anti-inflammatory medications (i.e. ibuprofen, Advil®, Tylenol®, Motrin®, acetaminophen, fever reducers, etc.) for one week pre and post-treatment.

*Migration* – Filler products may move from the place of injection with certain movements or activities. Follow post care instructions carefully.

*Infection* – Infections are rare, but may require antibiotics as determined by your provider.

*Nodules/Palpable Material* – Small lumps may form under the skin due to material collecting in one area. Follow post care instructions for warm compresses and/or massage if appropriate.

*Unsatisfactory Result* – Satisfaction with filler is very high. However, clients may experience temporary visible irregularities, prolonged bruising, swelling, tenderness at the injection site, and/or disappointment with the procedure.

### Benefits

Filler have been shown to be a safe and effective way to fill wrinkles and folds in the skin. Results are immediate and last 6-24 months on average, based on the product used.

### Photography Clause

I understand that clinical photographs are an essential component of a medical record. Clinical photography is required by Skin Deep & Beyond Medical Spa, at any time during treatment.

### Consent to Undergo Filler Injection Procedures

The results of fillers are usually instant and can be dramatic. However, as with any cosmetic procedure, there cannot be any guarantee or warranty, expressed or implied, that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. The effects of filler are temporary; additional treatments will be required to maintain the appearance and effect of treatment. The amount of filler required and the results of treatment vary per patient, and may be affected by the following factors, including but not limited to: degree of skin irregularity, patient age and skin conditions.

● I understand that certain fillers are have specific on-label approvals. If I choose to receive filler in an area not clinically indicated there is the potential for adverse events including, but not limited to prolonged edema and in extreme and rare cases- retinal artery/venous occlusion leading to blindness.

● I have provided my complete medical history and current medications.

● I understand that pregnancy and breastfeeding are contraindications for treatment. I am not currently pregnant or nursing.

● I have no known allergy to lidocaine.

I understand that filler may be accidentally injected into a blood vessel, which may block the vessel and cause local tissue damage, resulting in scarring or permanent tissue loss.

● I understand that it is important to follow post-care instructions to maximize treatment results and to minimize the chance of an adverse reaction.

● I understand that I should minimize exposure of the treated area to the sun or heat for approximately 48 hours after treatment or until initial swelling and/or redness goes away.

● I release all Skin Deep & Beyond Medical Spa staff from liability associated with this procedure, except for any liability that may be imposed by the laws of the state of Oregon.

● I have read and understand this consent to be treated, and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

● I agree that if I have any concerns regarding my filler treatment, I will contact Skin Deep & Beyond Medical Spa promptly to make arrangements to be evaluated by a medical provider.

● I elect to proceed with filler treatment.

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

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

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

Provider Signature: \_\_\_\_\_