

Patient Name: _____

Date: _____

HYALURONIC ACID FILLER INFORMED CONSENT

Product:

- | | |
|---|---|
| <input type="checkbox"/> Juvederm Ultra Plus XC | <input type="checkbox"/> Restylane-L |
| <input type="checkbox"/> Juvederm Ultra XC | <input type="checkbox"/> Restylane Lyft |
| <input type="checkbox"/> Restylane Defyne | <input type="checkbox"/> Volbella XC |
| <input type="checkbox"/> Restylane Refyne | <input type="checkbox"/> Voluma XC |
| <input type="checkbox"/> Restylane Silk | <input type="checkbox"/> Vollure XC |

This is an informed consent document which has been prepared to help your plastic surgeon inform you concerning Hyaluronic Acid Filler injections and its risks.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent for this procedure as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Hyaluronic Acid injections are customized for every patient, depending on his or her particular needs. These can be performed in areas involving the eyelid region, forehead, lips, and neck. Hyaluronic Acid Fillers cannot stop the process of aging. It can however, temporarily diminish the look of wrinkles and soft tissue depressions. Hyaluronic Acid injections may be performed as a single procedure or as an adjunct to a surgical procedure or neurotoxin injections. Hyaluronic Acid injections occasionally require a regional nerve block or local anesthetic injections to diminish discomfort and most often a topical anesthetic is applied. Soft tissue fillers produce temporary swelling, redness, and needle marks, which resolved after a few days.

Continuing treatments are necessary in order to maintain the effect of hyaluronic acid injections over time. These will slowly be absorbed by the body. The length of effect for injections is variable.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the skin wrinkles or soft tissue depressions by any means. Improvement of skin wrinkles and soft tissue depressions may be accomplished by other treatments: laser treatments, chemical skin-peels, dermabrasion, or other skin procedures, alternative types of tissue fillers, or surgery such as a blepharoplasty, face or brow lift when indicated. Risks and potential complications are also associated with alternative forms of medical or surgical treatment.

RISKS OF HYALURONIC ACID INJECTIONS

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand risks, potential complications, limitations, and consequences of hyaluronic acid injections. Problems associated with the use of tissue fillers can relate to normal occurrences following tissue filler injections, or potential complications following tissue filler injections.

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Risks include but are not limited to: Bleeding and Bruising, swelling, erythema, needle marks, acne-like skin eruptions, skin lumpiness, visible tissue filler material, asymmetry, pain, complications, infections, damage to deeper structures, skin necrosis, granulomas, allergic reactions and hypersensitivity, antibodies to hyaluronic acid, accidental intra-arterial injection leading to tissue necrosis and possible blindness, under/over correction, drug and local anesthetic reactions, unsatisfactory result, unknown risks, migration, drug and local anesthetic reactions, combination procedures, complications to pregnancy or nursing, drug interactions, or long term effects.

OFF-LABEL FDA USE

There are many devices, medications and injectable fillers and botulinum toxins that are approved for specific use by the FDA, but this proposed use is "Off-Label", that is not specifically approved by the FDA. It is important that you understand this proposed use is not experimental and your physician believe it to be safe and effective. Examples of commonly accepted "Off-Label" use of drugs or devices include the use of aspirin for prevention of heart disease, retinoids for skin care, and injection of botulinum toxin for wrinkles around the eyes.

____ I acknowledge that I have been informed about the Off-Label FDA status of _____ and I understand it is experimental and accept its use.

ADDITIONAL TREATMENT NECESSARY

There are many variable conditions in addition to risk and potential complications that may influence the long-term result of facial filler injections. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with Facial Filler injections. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all of the facts pertaining to your particular case and the current state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

IT IS IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE

Patient Name: _____

Date: _____

INFORMED CONSENT FOR HYALURONIC ACID INJECTIONS

1. I hereby authorize Dr. Rohrich and such assistants as may be selected to perform the following procedure or treatment: **Hyaluronic Acid Filler Injections**
2. I recognize that during the course of the procedure and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
5. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
6. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE EXPLANATION.

Treatment Date _____

Patient Name _____ Patient Signature _____

Witness Name _____ Witness Signature _____

Treatment Date _____

Patient Name _____ Patient Signature _____

Witness Name _____ Witness Signature _____

Treatment Date _____

Patient Name _____ Patient Signature _____

Witness Name _____ Witness Signature _____