

Dermal Filler Consent Form

(Juvéderm™, Restylane®, Perlane®)

Patient name: _____

These three dermal fillers are made of hyaluronic acid, a natural substance already found in the human body used to deliver nutrients and hydrate the skin by bonding with water. This gel is injected into facial tissue to smooth wrinkles and folds, especially around the mouth and nose.

Possible Side Effects

Most side effects are mild to moderate in nature and their duration is short, lasting seven days or less. The most common side effects include temporary injection-site reactions such as redness, pain, tenderness, discoloration, risk of infection, firmness, swelling, bruising, bleeding, lumpiness, itching and asymmetry.

Your doctor will need to know if you have any of the following:

- Allergies
- Anaphylaxis
- History of cold sores
- Recent or upcoming laser treatments of chemical peels
- History of hepatitis
- HIV or other autoimmune therapy
- Undergoing any immunosuppressive therapy

Medications to Avoid

You have been provided a list of medications and supplements to avoid two weeks prior to your dermal filler injections and understand that by not adhering to that list, you may experience mild to significant bruising at the injection sites. The list includes aspirin, Coumadin, ibuprofen and herbal supplements.

I have read the information about hyaluronic acid and I have discussed the risks and benefits of dermal filler treatment with my practitioner. I understand the information provided, and I agree to being treated with one of the following hyaluronic acids:

Circle one: **Juvéderm** **Restylane** **Perlane**

Patient's Signature

Date

I have discussed the risks and benefits of dermal filler treatment with this patient and find him/her an appropriate candidate for treatment.

Physician's Signature Date