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# Dermal Filler Consent

Treatment with Restylane, Juvederm, Perlane, or Collagen can smooth out folds and wrinkles, add volume to the lips, and contour facial features that have lost their fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected into the skin with a very fine needle. The products produce a natural volume under the wrinkle, which is lifted up and smoothed out. The results can often be seen immediately. Treating wrinkles with these dermal fillers is fast and safe and leaves no scars or other traces on the face.

## 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:

1. Post treatment discomfort, swelling, redness, and bruising, discoloration
2. Post treatment infection associated with any transcutaneous injection
3. Allergic reaction
4. Reactivation of Herpes (cold sores)
5. Lumpiness, visible yellow or white patches in approximately 20% of cases
6. Granuloma formation
7. Localized Necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

## PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

## PREGNANCY, ALLERGIES & DISEASE

I am not aware that I am pregnant. I am not trying to get pregnant. I am not Lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving any of the above mentioned dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to Lidocaine.

If receiving Collagen I have read the brochure titled  or CosmopIastTM/Cosmoderm TMCoIIagen Explained" in its entirety and have discussed the risks and benefits of injectable collagen treatment with my physician and/or his/her representative and have had all my questions answered. I understand the information provided.

PAYMENT

I understand that this procedure is cosmetic and that payment is my responsibility.

## RESULTS

I am aware that full correction is important and that follow-up touch ups/treatments will be needed to maintain the full effects. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue condition, my general health and life style conditions, and sun exposure. The correction, depending on these factors may last 3-6 months and in some cases longer. I have been instructed in and understand post treatment instructions and have been given a copy of them.

I hereby voluntarily consent to treatment. The procedure(s) has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify the office.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, THAT I AM SIGNING IT VOLUNTARILY AND AGREE TO HOLD HARMLESS THE INJECTOR OR ANYONE AFFILIATED WITH SAID PROFESSIONAL INCULDING, BUT NOT LIMITED TO, TIMELESS AESTHETICS BEAUTY LOUNGE, LLC.

## PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE



 Patient Signature Date

 

# Botox Consent

I understand that I will be injected with Botulinum A Toxin (Botox) in the area of the glabellar muscles to paralyze these muscles temporarily or in the forehead or crows feet around the lateral area of the eyes.

Botulinum A Toxin (Botox) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only - the wrinkles between the eyebrows.

Injection of Botox into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available. The possible side effects of Botox include but are not limited to:

1. Risks: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.
2. Infection: Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
4. Although many people with chronic headaches or migraines often get relief from Botox, a small percent of patients get headaches following treatment with Botox, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.
6. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
8. While local weakness of the injected muscles is representative of the expected pharmacological action of Botox, weakness of adjacent muscles may occur as a result of the spread of the toxin.
9. Treatments: I understand more than one injection may be needed to achieve a satisfactory result.
10. Another risk when injecting Botox around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.
11. I will follow all aftercare instructions as it is crucial I do so for healing.

As Botox is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botox than others. In most cases this uneven appearance can be corrected by injecting Botox in the same or nearby muscles. However, in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Botox as there are both known and unknown side effects associated with any medication or procedure.

Botox should not be administered to a pregnant or nursing woman.

Additionally, the number of units injected is an estimate of the amount of Botox required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments. No refunds will be given for treatments received.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to the BOTOX Cosmetic treatment today and for all subsequent treatments.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, THAT I AM SIGNING IT VOLUNTARILY AND AGREE TO HOLD HARMLESS THE INJECTOR OR ANYONE AFFILIATED WITH SAID PROFESSIONAL INCULDING, BUT NOT LIMITED TO, TIMELESS AESTHETICS BEAUTY LOUNGE, LLC.

## PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE



 Client Signature Date