Informed Consent – Hyaluronic Acid Filler Injection

This is an informed consent document to help inform you concerning Non-Animal Stabilized Hyaluronic Acid tissue filler injection therapy, its risks and alternative treatments.  
It is important that you read carefully and completely. Please initial each page indicating that you read and understood each page.

General Information

Non-Animal Stabilized Hyaluronic Acid tissue fillers are sterile gels consisting of non animal stabilized hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds, for lip enhancement and for shaping the facial contours.

I clearly understand that fillers are:

* Sterile gels consisting of a cross linked hyaluronic acid of non animal origin
* Injected via a syringe into the dermis ( skin) to temporarily correct lines, wrinkles, folds and contours of the face or to temporarily increase the volume of the lips.
* Provides correction for an average of 6 months. This effect varies depending on the type of skin, areas of injection, amount injected and injection technique.
* The longevity of fillers in the lips may be reduced because of the high vascularization of the lips
* A touch up procedure a few weeks after the first injection may help increase persistence and optimize results
* A local anaesthetic may be administered as necessary by the nurse/HCP

I clearly understand that after injection of a hyaluronic acid, there are some potential side effects which include and may not be limited to the following:

* Inflammatory reactions, which include redness, swelling, pain, itching, bruising and tenderness at the implant site. These generally have been described as mild to moderate and typically resolve spontaneously a few days after injection
* Swelling or nodules may develop at the injection site
* Very rare cases of discolouration of the injection site have been reported
* Rare cases of necrosis in the glabellar region. Abscess, granuloma or hypersensitivity have been reported after injections of hyaluronic acid.
* Increase of bruising or bleeding at injection site if using a substance such as acetylsalicyclic acid (Aspirin) or ibuprofen (Advil/Motrin).
* Persistence of any of these reactions for more than a week or the development of other side effects must be reported to the physician/nurse as soon as possible.

Other types of reactions are rare, but approximately one in every 2000 treated patients has experienced localized allergic reactions after one or more injections. These have usually consisted of swelling and firmness at the implant site, sometimes affecting the surrounding tissue. Redness, tenderness and rarely acne like formations have also been reported. These reactions have either started a few days after injection or after a delay of a few weeks and have generally been described as mild to moderate and self-limiting, with an average duration of 2 weeks. In rare instances these reactions have persisted for several months.

One very rare occasions (less than one in 15000 treatments) prolonged firmness, abscess formation or grayish discoloration at the implantation sites have occurred. These reactions can develop weeks to months following the injections and may persist for several months but normally resolve with time. Even more rarely, the formation of a scab and the sloughing (shedding) of skin at the treatment site has been noted, which could result in a shallow scar.

I have informed my nurse/HCP of my medical history and I clearly understand I can not be treated with a hyaluronic acid filler:

* If I am pregnant or breastfeeding
* In areas with inflammatory and/or infectious disease skin problems ( acne etc)
* If I have a past history of autoimmune disease
* If I am receiving immunotherapy treatments
* If I have a known hypersensitivity to hyaluronic acids
* If I am undergoing laser therapy, chemical peeling or dermabrasion
* If I have a tendency to develop hypertrophic scarring.

I have informed my nurse/physician about all the medications I have taken or am currently taking including herbal medications (i.e. ginseng).  
I understand the post treatment instructions.

Photographs

I hereby authorize The Beautox Nurse to take photographs and/or digital images of me. I understand that these images may be used for the following purposes: 1) Educational lectures and presentations for healthcare professionals; 2) Scientific publications such as journals or books; 3) Patient education materials; 4) Broadcast, print or internet media for educational or public interest purposes.

I am aware that all reasonable efforts will be made to conceal my identity in these images and that this may not be possible, particularly in images involving the face. I understand that this authorization is voluntary and I may refuse to sign. I understand that I may revoke the authorization at any time by sending a written statement of revocation to The Beautox Nurse.

I hereby release Miriam Samuel, The Beautox Nurse and its employees from any and all liability connected with the capture, use, or release of my images.

I have read the information provided in the record of consultation for hyaluronic acid fillers and have discussed the risks and benefits if hyaluronic acid fillers with my physician/HCP and/or his/her representative. I understand the information provided.

Client’s Signature.......................................Month............Day...........Year............

Client Name..........................................Witness...............................................

Medical Director – Print Name

Signature  
I acknowledge my consent has been obtained by Web Cam. Patient Initials ..............