# INFORMED CONSENT FOR DERMAL FILLER TREATMENT

NAME	
DATE OF BIRTH _	
ADDRESS	
PHONE	



Initial

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves a supplement to the discussion you have with Dr. Jason Culley. It is important that you fully understand this information, so please read the document thoroughly. If you have any questions regarding the procedure, ask Dr. Culley prior to signing the consent form.

# THE TREATMENT

Treatment with dermal fillers (such as Juvederm, Restylane, Radieese, and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are listed up and smoothed out. The results can often be seen immediately.

## **RISKS AND COMPLICATIONS**

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization and/or extended outpatient therapy to permit adequate treatment. 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, bruising and 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; 6) Granuloma formation; 7) Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

## **PREGNANCY AND ALLERGIES**

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 dermal fillers. I certify that I do not have multiple allergies or high sensitive to medications, including, but not limited to lidocaine. Initial \_\_\_\_\_

#### **ALTERNATIVE PROCEDURES**

Alternatives to the procedures and options that I have volunteered for have been fully explained to me. Initial

#### PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment.

## **RIGHT TO DISCONTINUE TREATMENT**

I understand that I have the right to discontinue treatment at any time.

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## **PUBLICITY MATERIALS**

I authorize the taking of clinical photographs and videos and their use for scientific, educational and marketing purposes, both in publications and presentations. I hold Dr. Jason Culley harmless for any liability resulting from this production. I waive my right to royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

## RESULTS

Dermal Fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Its effect can last up to six months. Most patients are pleased with the results of dermal fillers use. However, like any esthetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. The dermal filler procedure is temporary and additional treatments will be required periodically, generally within 4-6 months, involving additional injections for the effect to continue. I am aware that follow-up treatments will be needed to maintain the full effects. I am aware the duration of treatment is dependent on many factors, including but not limited to: age, sex, tissue conditions, my general health and lifestyle conditions, and sun exposure. The correction, depending on these factors, may last up to six months and in some cases shorter and some cases longer. I have been instructed in and understand the post-treatment instructions. **Initial** 

I understand that this is an elective procedure and I hereby voluntarily consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, establish proper lip and smile lines, and replacing facial volume. The procedure has been fully explained to me. I also understand that any treatment performed is between me and Dr. Jason Culley, and I will direct all post-operative questions or concerns to him. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify Dr. Culley immediately. I also state that I read and write English.

Patient Name (Print)

Patient Signature

Date

I am the treating doctor. I discussed the above risks, benefits and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been instructed to contact my office should they have any questions or concerns after this procedure.

Jason Culley, DDS

Doctor Name

**Doctor Signature** 

Date