Informed Consent for the Injections of Hyaluronic Acid & Calcium Hydroxylapatite Fillers

Restylane, Perlane, Juvederm Ultra & Ultra Plus, Belotero, Radiesse

Purpose and Background:

You have requested the injections of dermal fillers to correct moderate to severe facial wrinkles, folds and volume loss. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether or not to go forward with the procedure.

Procedure:

- This product is administered via a syringe, or injection, into the areas of the face sought to be filled with the Hyaluronic Acid or Calcium Hydroxylapatite to eliminate or reduce the wrinkles, folds or volume loss.
- Topical numbing anesthetic may be used to reduce the discomfort of injections.
- The treatment sites will be cleansed with an antiseptic solution prior to treatment.
- Restylane, Perlane, Juvederm, Belotero and Radiesse products are gels that are injected under the skin using a small-gauged needle or cannula.
- The depth and number of injections are dependent on the area of injection and the severity of the wrinkle, fold or volume loss.
- Following the injection the injector will massage the treatment zones and apply ice as needed.
- Additional injections may be needed after initial treatment to fully correct treatment zones.
- Periodic touch-up treatments will be needed to maintain desired levels.

Risks and Discomfort:

- You may experience one or more of the following issues: Swelling, pain discoloration, scarring, bruising or tenderness at the injections site.
- Avoiding anti-inflammatory and blood thinning products one week prior to treatment can minimize bruising or bleeding at the injection site.
- Generally if bruising occurs it will gradually lessen and disappear within a week.
- All injections carry risk of infection. Standard precautions will be used to minimize risk.
- Post treatment small lumps or nodules may form. This is temporary but may last up to two weeks. If resolution has not occurred in 2 weeks further intervention may be necessary.
- While the majority of patients are pleased with the results, there is no guarantee that wrinkles & folds will disappear completely and additional treatments may be required to achieve desired results.
- After your treatment you should follow prescribed post care instruction to minimize the risks and maximize results.

Benefits:
Hyaluronic Acid & Calcium Hydroxylapatite based fillers have been shown to be safe and effective when compared to collagen skin implants and other related products. Duration of effect vary depending on zone treated.

Touch ups are recommended 4-9 months after original injections to maintain and prolong results.

Alternatives:

- This is a strictly voluntary cosmetic procedure. No treatment is necessary or required. Other alternatives products are available.

Cost/Payment:

- The cost of the treatment will be billed to you individually and is due at the time of treatment. Since dermal fillers are considered cosmetic in use, they are generally not reimbursable by government or private health care insurers.

Questions:

- This procedure has been explained to you by the physician or physician’s representatives. If you have any other questions about these products or procedures you may call our office at 503-636-0776.

Consent:

- Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent, you hereby grant authority to Dr. Janoff, Dr. Lehti or their registered nurse to perform facial augmentation and filler therapy using Restylane, Perlane, Juvederm Ultra, Ultra Plus, Belotero or Radiesse or any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.
- The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to your satisfaction.
- No guarantee has been given by anyone as to the results that may be obtained by this treatment.
- I have read this informed consent and certify that I understand it contents in full. I have had enough time to consider the information and feel that I am sufficiently advised to consent to this procedure.

I hereby give my consent to this procedure.

Patients Name (printed) ____________________________________________

Patients Signature ____________________________________________

Witness Signature ____________________________________________ Date ____________