

1 PracticallyPerfect  
MEDICAL AESTHETICS  
Dermal Filler Consent Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Dermal fillers are used to correct facial wrinkles and folds and volumizing areas of depression. Hyaluronic Acid (HA) dermal fillers include Juvederm, Voluma, Restylane, Perlane, and Beletero. All of these products have been approved by the FDA for correction of facial folds and volume loss in the nasolabial area (the fold between the cheek and the nose/upper lip), the "marionette lines", mandibular grooves, cheeks, lips and fine lines around the lips. The FDA has not approved the use of dermal fillers for treating tear trough deformity, chin augmentation, nasal sculpting, hand rejuvenation and earlobe rejuvenation. Although these areas are common sites for filler injections, this is considered "off-label" use.

**COVID-19 Precautions:**

- |   |          |           |
|---|----------|-----------|
| 1. Have you had a fever within the last 21 days?  | No _____ | Yes _____ |
| 2. Are you having any of the following symptoms; Cough, profound fatigue, sore throat     | No _____ | Yes _____ |
| 3. Have you traveled outside of Texas within the last 21 days?                            | No _____ | Yes _____ |
| 4. Have you been in contact with or been tested for the COVID-19 within the last 21 days? | No _____ | Yes _____ |

**Procedure:** A licensed medical professional will be performing this procedure. A topical numbing medicine will be placed in the areas in which the injections will occur in order to reduce discomfort. In order to achieve the desired effect, multiple injections may be made, depending on the site and depth of the wrinkle or fold. Following the injections, the skin may be massaged to contour the surrounding tissues.

**Side Effects:** Side effects are usually mild to moderate, lasting 7-14 days or less, and may include temporary redness, bruising, pain, firmness, swelling, tenderness and bumps. Injections into the lip may trigger a recurrence of facial cold sores (Herpes Simplex) for patients with a history of prior cold sores.

**Contraindications:** Fillers are not recommended for patients with severe allergies (gram positive proteins), a history of anaphylaxis or an allergy to latex or Xylocaine products. Additionally, women who are pregnant or breast-feeding should avoid filler injections. If you take medications such as aspirin or non-steroidal anti-inflammatory medications (Advil, Aleve, ibuprofen, Celebrex) or herbal supplements (Vitamin E, Ginkgo Biloba, Fish Oil, St. John's Wart), you may be at increased risk of bruising or bleeding at the injection site.

**Alternatives:** Dermal Fillers are strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternatives may include Botox, laser skin resurfacing, chemical peels or plastic surgery.

**To Achieve Best Results:**

- Avoid Aspirin, NSAIDS, fish oil, &/or herbal supplements 7-10 days prior to your procedure if medically able
- If you have a history of cold sores, take anti-viral medications (Valtrex) 1-2 days prior and 2 days following injection.

**Consent:** Your consent and authorization for this procedure is strictly voluntary. Your signature on this consent form authorizes Practically Perfect Aesthetics to use the Dermal filler of your choice for the treatment area of your choice. As with any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that the wrinkles or folds will disappear completely. In some patients, in order to achieve "full correction", multiple treatments maybe required. The results of dermal fillers generally last 6 to 12 months, but to continue to receive the same result additional injections may be required.

I have read this informed consent form and certify that I understand it's contents in full. My signature indicates that I am consenting to receive treatment and have had the opportunity to ask questions about the procedure and it's risk. I have been advised of the risks involved in such treatment and alternative treatments, including no treatment at all.

I understand that I release Practically Perfect Aesthetics, Inc. and it's associates, the Medical Supervisor, and the Nurse Practitioners from any liability associated with complications from the Facial Filler procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_