NORTH METRO DERMATOLOGY

HYALURONIC ACID FILLER CONSENT AND INSTRUCTIONS

Our hyaluronic acid fillers include: Restylane®, Restylane Silk®, Restylane Lyft®, Restylane Defyne®, Juvederm Voluma®, Juvederm Volbella®, Juvederm Ultra®, Juvederm Ultra Plus®

Proposed Treatment

Injecting hyaluronic acid filler to temporarily add volume, thereby smoothing wrinkles or scars, restoring volume loss, enhancing or contouring facial structures, and/or balancing asymmetry.

Anticipated Benefits and Limitations

Depending on the location and filler used, the results typically last from 6 months – 2 years. Treatment results are immediate, though injected areas may improve further within 2-3 weeks following treatment. For further correction, additional filler can be placed 2-3 weeks following treatment; separate charges apply for all subsequent treatments.

Possible Contraindications

- Pregnancy and nursing
- Lidocaine allergy
- Dental work within 4 weeks of treatment
- Recent injury or infection near desired treatment area

Risks

Possible side effects include: bruising, swelling, redness, pain during injection, asymmetry (unevenness), lumpiness, cold sores, numbness, granuloma or scar tissue formation, vascular occlusion, tissue necrosis, infection/abscess, and tenderness or pain after injection. The theoretical risk of unknown complications also exists, as well as lack of achieving anticipated benefits. It is important to tell your provider about all past and present medical conditions as certain conditions or medications may contraindicate treatment or increase treatment risks.

Pre-Treatment Instructions

- 10 days before treatment, avoid the following medications and supplements that may increase the risk of bruising:
  Aspirin, Advil, Motrin, Ibuprofen, Aleve, Naproxen, Excedrin (all OTC pain pills except Tylenol), Vitamin E, Multi-Vitamin, Gingko Biloba, Omega-3 Fatty Acids, Cod Liver Oil, Fish Oil, Flax Oil, CoQ10, Garlic and Ginger
- If you are taking any blood-thinning medications as per doctor's orders (such as Coumadin, Warfarin, Plavix, Lovenox, Aspirin), do not discontinue without first consulting with the prescribing physician. The chance of developing an injection-related hematoma (blood clot) is higher when taking these medications.
- Do not drink alcohol within 48 hours before treatment as this may also increase the risk of bruising.
- If instructed, take prescribed medication(s) to help prevent cold sores and/or infection.

Post-Treatment Instructions

- Avoid pressure and manipulation to injected areas for 48 hours unless instructed otherwise.
- Avoid strenuous activity and exercise for 48 hours following treatment.
- Avoid exposure of the treated area to intense cold or heat for one week.
- Make-up can be worn immediately following treatment.
- It is important to contact our office immediately if pain is moderate in severity and/or if mild pain persists. You should also contact our office if observing a change in skin color or other complications. If seeking medical attention elsewhere, be sure to specify injection sites and product (this is important even if problems seem unrelated and occur several days following injections).

By signing below, I acknowledge that I have read this form and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent dermal filler treatments. I hereby release North Metro Dermatology from all liabilities associated with this procedure.

Patient Name (print): _____Date: _____

Patient Signature: _____

Please contact our office if you have any questions or concerns.

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