

CONSENT FOR HYALURONIC ACID DERMAL FILLER TREATMENT

It is important that you fully understand this information, so please read this document thoroughly. This material serves as a supplement to the discussion you have had with me, Kelly Woodwark RN. Treatment with Hyaluronic Acid Dermal Fillers can help smooth out folds and wrinkles, add volume to the cheeks, temple, lips and contour facial features.

Semi-permanent filler injections are customized for every patient, depending on his or her particular needs. Fillers cannot stop the process of aging. They can diminish the look of wrinkles and soft tissue depressions, temporarily. Time ranges differ between people, on average, 9-12 months. 6-9 months for lips.

Filler injections may be performed as a singular procedure or in combinations with other treatments. To maintain the effects of filler over time, repeat filler injections will be necessary. Duration of treatment is dependent on many factors including but not limited to: age, sex, tissue condition, my general health, life style conditions and sun exposure.

Soft tissue fillers produce temporary **redness**, **needle marks** and **swelling**, which will resolve in a few days time.

THE TREATMENT

_____(initials) Dermal fillers are injected under the skin with a very fine needle or cannula. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately.

RISKS AND COMPLICATIONS

Every procedure involves a certain amount of risk. It is important that you understand these risks and possible complications. Every procedure also has limitations. The client needs to weigh the risks against the potential benefit. Although the majority of people do not experience the following complications YOU need to understand the risks, potential complications, limitations and consequences of hyaluronic acid filler injections. In healthy people without autoimmune issues of infections, HA fillers can be performed with minimal to no complications in most cases. Risks and Complications include but are not limited to:

- Facial Bruising, Redness, Swelling, Itching and Pain. These symptoms are usually mild.
 Usually lasts less than a week, but may last longer. Some medications can prolong bleeding,
 such as Aspirin, Anticoagulants, Vitamin E, Ginkgo biloba, other supplements including herbs
 and homeopathic remedies. These medications may lead to increased bruising or bleeding at
 the injection site.
- 2. **Acne-like Skin Eruptions.** Skin eruptions can occur following fillers. Usually goes away within a few days.

- 3. Sensitive Skin. After a treatment with fillers, minimize exposure to excessive Sun or Cold until initial swelling or redness has gone away (approximately 24 hours). There is a possible risk of inflammatory reaction at the implant site if you have had any skin treatments (chemical peel, laser, etc) that has not healed completely. Please delay any skin treatments for 2 weeks after treatment.
- 4. Under/Over Correction/Asymmetry. The amount of correction may be inadequate or excessive. This, sometimes, is not possible to control based on each individual's situation. If undercorrection occurs you may consider additional injections. Human faces are normally asymmetrical in appearance and anatomy. It may not be possible to achieve and maintain exact symmetry with dermal filler injections. Each side may respond differently to the filler.
- 5. **Damage to Deeper Structures.** Deeper structures such as nerves and blood vessels may be damaged due to filler injection. This injury can be temporary or permanent.
- 6. **Nodules or Granulomas.** Lumps can occur after filler injection. These tend to smooth out over time but may be felt for a long period of time. Painful masses are extremely rare. Fillers should not be used where there is inflammation or infection (cysts, pimples, rashes or hives, etc)
- 7. Visible Filler Material. In areas where the skin is thin, it may be possible to see filler material.
- 8. **Migration**. Filler may migrate from the original injection point. This may produce a fullness in areas around the original injection point and other unintended effects.
- 9. Accidental Intra-Arterial Injection. It is extremely rare but possible for fillers to be accidentally injected into an artery. This can produce a blockage of blood flow. Blocked blood flow can lead to tissue necrosis. Necrosis may leave scarring and may require a higher level of care. There is also a chance of loss of vision and in very extreme cases stroke. Accidental arterial injection and resulting blockage is usually recognized right away but sometimes can take a few hours. Blockages can be treated with filler dissolving injections.
- 10. **Keloids and Scarring.** Fillers should be avoided in people with susceptibility to keloid formation or hypertrophic scarring.
- 11. **Infection**. All transcutaneous procedures have the risk of infection albeit unusual. Bacterial, fungal, and viral infections can occur. This infection may need antibiotics.
- 12. **Herpes Simplex Virus**. Risk of recurrence of and outbreak of herpes. This outbreak could be severe in nature. Prescribed medications should be taken both prior to and following filler injection to suppress an infection from this virus.
- 13. **Allergic Reactions and Hypersensitivity**. Allergic and anaphylactic reactions can occur. Fillers should not be used in people with a history of multiple severe allergies, anaphylaxis. Allergic reactions may require additional treatment.
- 14. **Unknown Risks**. Long term effects are not completely known. There is a possibility of additional risks and complications. There are very rare instances where delayed swelling or inflammatory nodule has been triggered by some kind of immune system stimulation like infection somewhere in the body or even vaccination
- 15. Pregnant or Nursing. Fillers are not recommended.

I understand the	nese risks and	complications	and have	had a	adequate	time to	have m	y questions
answered				S	ignature.			

ALTERNATIVES

There are alternative forms of management. These include but are not limited to; not treating skin wrinkles or soft tissue depressions by any means, laser treatments, chemical peels, dermabrasion, and other skin treatments, alternative types of fillers, surgery. Other forms of treatment will have their own risks and potential complications

PREGNANCY, ALLERGIES AND HEALTH
(initial) I am not pregnant or trying to become pregnant
(initial) I am not breastfeeding
(initial) I do not have any major illnesses, including Auto-immune issues or Active Cancer
(initial) I do not have multiple allergies or high sensitivity to medications
(initial) I'm in good health and have not been sick in the last 4 weeks
(initial) I have not received a vaccine in the last 2 weeks
(initial) I'm not traveling Outside of Canada in the next 7 days
(initial) I have not had Dental work recently or plan to in the next 4 weeks
PAYMENT
(initial) Payment for this cosmetic procedure is my responsibility. I understand that there wi
be an additional fee for touch ups. I understand that this is an elective procedure and my choice to
proceed. Payment is my full responsibility regardless of outcome and is due at the time of the
treatment. I understand that there are no refunds for elective treatments. I understand that this
procedure comes with risks and complications and if these occur I hereby absolve Kelly Woodwark
RN of Evergreen Med-Aesthetics or any associated person of any blame.

POST CARE

I have been instructed in and understand the post treatment instructions including:

- Avoid significant movement or massaging of the treated area
- Avoid strenuous exercise for 24 hours
- Avoid make-up for a minimum of 6 hours
- Avoid extensive sun or heat for 72 hours
- Avoid consuming excess amounts of alcohol or salts to avoid excess swelling
- If you have swelling you may apply a cool compress for 15 minutes each hour
- Try to sleep face-up and slightly elevated if you experience swelling
- Take Arnica to help with bruising and swelling, start at least 2 days prior to injections
- Redness and/or bruising are possible after the injection. If you have excessive swelling/redness or bruises, please contact myself, or if required seek medical attention.

DECLARATION

I hereby certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications. I understand that there can be no guarantee or assurance as to the final result that may be obtained. Full corrections are important but not always possible. Duration of treatment is dependent on many factors. I have been given the opportunity to ask questions and hereby certify that I have read and fully understand the contents of this consent form. I accept the risks and complications of the procedure. I hereby release Kelly Woodwark RN from liability associated with this procedure.

I certify that if I have any changes occur in my medical history, I will notify Evergreen Med-Aesthetics prior to any future treatments. This consent is valid for all future filler injections.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Print Name	_		
Signature	_		
Signature			
DATE	_		
Provider Signature	_	 Date	