JUVEDERM ULTRA, ULTRA PLUS XC, BELOTERO, VOLBELLA & VOLUMA

INFORMED CONSENT

I hereby give permission to the certified staff member to inject me with dermal filler in the areas I have requested. I understand that there are no guarantees as to the results obtained.

1. I may experience sensitivity, discomfort, swelling, or redness at the implantation site immediately following the treatment. Some patients may experience additional swelling, visible lumps, or pustules, which may last up to 2 weeks and may need to be treated with corticosteroids or extraction.

2. This treatment is not meant to be permanent. Its value is of relatively short duration. Touch-up treatments at varied intervals are usually required to maintain maximum correction.

3. Any injection carries a risk of infection or reaction to the injection process. Mild bruising, a slight blush, itching, or firmness may occur at the injection sites.

4. Although it is not likely, if the needle should accidentally pierce a blood vessel, a scab, scar, or temporary discoloration could form. If the material is accidentally injected into a blood vessel, a blockage of blood flow and loss of circulation to the area could result.

5. Extra care is required for patients with allergic reactions to other substances. Such people may be hypersensitive to products.

6. You must pre-treat with anti-viral medications for a minimum of 3 days prior to treatment if you have a history of cold sores or herpes virus.

7. You must postpone treatment if you have any skin inflammation, pimples, cysts, rash, or hives; or if there is any evidence of infection.

8. Safety of hyaluronic acid dermal fillers has not been proven during pregnancy.

9. In rare cases, scabs and skin sloughing at the site have resulted in a shallow scar. Although rare, abscesses can form at the site. This may be associated with antibodies, and can reoccur. These may develop weeks or months after injection and can result in skin hardening and/or scars.

10. Systematic complaints which include flu-like symptoms such as fever, nausea, headache, joint aches, dizziness, rash; blurred vision; tingling and numbness; difficulty breathing; hypotension; and tightness in the chest have been reported in less than 0.2% of patients.

11. Adverse reactions may occur with systemic connective tissue disease such as rheumatoid arthritis, systemic lupus erythematosus, scleroderma, and inflammatory disorders. There have been reports of patients developing these types of diseases after HA treatments. However, a casual relationship between injections and the onset of these diseases has not been established.

12. There is a possibility that other complications unknown at this time may develop in the future.

I certify that I have read the above consent and fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the hyaluronic acid injection procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

_____ _____ _____

Signature-Patient or Guardian **Print Name/Relationship** **Date**

_____ _____ _____

Signature-Witness **Print Name** **Date**