



## DERMAL FILLER CONSENT FORM

### RISKS AND COMPLICATIONS

- It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, and bruising, 2) Post treatment bacterial, viral, and/or fungal infection requiring further treatment, 3) Allergic reaction
- The most common symptoms include temporary injection site reactions such as swelling, pain/tenderness, redness, and lumps/bumps which are normal. These reactions are typically mild and go away within 3 days. Consistent icing of these areas in the first 12 hours substantially reduces these symptoms. Some patients may experience one or more of these symptoms for a longer period of time; however, these symptoms typically go away without treatment. Patients using aspirin, ibuprofen, and other non-steroidal anti-inflammatory drugs, or warfarin (a blood thinner) may notice increased bruising or bleeding at or near the injection sites.
- Potential complication: accidental injection into blood vessels, which is rare and can cause serious complications that may be permanent to include vision abnormalities, blindness, stroke, temporary scabs or permanent scarring.

### MEDICAL CONDITIONS

- I am not aware that I am pregnant, have any significant medical conditions or severe allergies. I understand that my ENTIRE medical history is essential to determine whether I should receive this treatment and to the best of my knowledge have shared this history. I will not hold any staff member responsible for any errors or omissions that I have made.
- A local anesthetic such as Lidocaine is typically used on the skin as well as being mixed with the filler to minimize discomfort at the injection site. Please tell your doctor if you have had any previous reactions to anesthetics.

### CONSENT

I hereby voluntarily consent to treatment with Dermal Filler injection. The procedure has been explained to me. I have read the above and my questions have been answered satisfactorily. I accept the risks and complications of the procedure.

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Client Signature

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Date