

Dermal Fillers PRE-TREATMENT INSTRUCTIONS

A few simple guidelines before your treatment can make a difference between a good result and a fantastic one.

Patient should be in good overall health. A full medical and dental history must be performed on all patients for optimal results.

If you develop a cold sore, blemish, or rash, etc. prior to your appointment you must reschedule.

If you have a special event or vacation coming up schedule your treatment at least 2 weeks in advance.

Let us know if you are prone to cold sores – a pre-operative medication may help prevent cold sores after treatment.

NO Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids at least 3 days to 1 week before and after treatment.

Discontinue Retin-A two (2) days before and two (2) days after treatment.

AVOID: Alcohol, caffeine, Niacin supplement, high-sodium foods, high sugar foods, refined carbohydrates (you may eat fruit), spicy foods, and cigarettes 24-48 hours before and after your treatment



Dermal Filler Treatment

POST TREATMENT INSTRUCTIONS

DO NOT: touch, press, rub or manipulate the implanted areas for the rest of the day after treatment. Avoid kissing, puckering and sucking movements for the rest of the day, as these motor movements can undesirably displace the implanted dermal filler material. You can cause irritation, sores, and/or problems, and possible scarring if you do.

AVOID: Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A., Vitamin E, or other essential fatty acids at least 3 days after treatment.

AVOID: Alcohol, caffeine, niacin supplement, high-sodium foods, high sugar foods, refined carbohydrates (you may eat fruit), spicy foods, and cigarettes 24-48 hours after your treatment.

AVOID: Vigorous exercise and sun and heat exposure for 3 days after treatment.

DISCONTINUE: Retin-A 2 days after treatment. It is best to wear no makeup or lipstick until the next day. Earlier use can cause pustules.

One side may heal faster than the other side.

You can expect some bruising and swelling around the areas that were injected. Apply ice for the first hour after treatment for ten minutes on and ten minutes off.

You must wait 2 weeks before any enhancements.

***Please report any redness, blisters, or itching immediately if it occurs after treatment. ***

I certify that I have been counseled in post-treatment instructions and have been given written instructions as well.

Patient Signature	Date



DERMAL FILLERS CONSENT FOR TREATMENT

Treatment with Restylane, Juvederm, and other dermal fillers can smooth out folds and wrinkles, add volume to the lips, and contour facial features that have lost their fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected into the skin with a very fine needle. The products produce a natural volume under the wrinkle, which is lifted up and smoothed out. The results can often be seen immediately. Treating wrinkles with these dermal fillers is fast and safe and leaves no scars or other traces on the face.

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, bruising, and discoloration; 2) Post treatment infection associated with any transcutaneous injection;

3) Allergic reaction; 4) Reactivation of Herpes (cold sores); 5) Lumpiness, visible yellow or white patches in approximately 20% of cases; 6) Granuloma formation; 7) Localized Necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

RISKS/DISCOMFORT

- 1. Although a very thin needle is used, common injection-related reactions could occur. These could include: some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil®.
- 2. These reactions generally lessen or disappear within a few days but may last for a week or longer.
- 3. As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken.
- 4. Some visible lumps may occur temporarily following the injection.
- 5. Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form. These reactions might last for as long as approximately 2 weeks, and in appropriate cases may need to be treated with oral corticosteroids or other therapy.
- Dermal fillers should not be used in patients who have experienced this hypersensitivity, those with severe allergies, and should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).
- 7. Dermal fillers should not be used in areas other than the tissues of the face.



- 8. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after dermal filler treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site.
- 9. Most patients are pleased with the results of dermal fillers use. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. While the effects of dermal fillers use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 4-6 months to one year, involving additional injections for the effect to continue.
- After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

RESULTS

I am aware that full correction is important and that follow-up enhancement treatments will be needed to maintain the full effects. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. The correction, depending on these factors may last 3-6 months and in some cases shorter and some cases longer. I have been instructed in and understand post-treatment instructions and have been given a copy of them.

I hereby voluntarily consent to treatment. The procedure(s) has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complication of the procedure. I certify that if I have any changes occur in my medical history, I will notify the office.

You have been given a copy of this consent form. Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to your healthcare practitioner to perform facial augmentation and filler therapy injections using dermal fillers and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.

I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information from my healthcare practitioner and feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with the healthcare practitioner.

PATIENT SIGNATURE:	