



Dr. Thomas H. Cawthon Dermal Filler Consent Form

Indications: Dermal fillers are sterile hyaluronic acid (HA) gels which are used to *temporarily* improve the appearance of facial wrinkles, and to enhance the lips and other areas of volume loss.

These treatments may include an “off-label” use. These products usually last for 6-12 months for

most fillers except Voluma which is FDA approved for up to 2 years.

Alternatives: There are alternatives to HA injections. These alternatives include no treatment, other fillers (i.e. collagen, calcium hydroxyapatite, autologous fat), Botox, laser skin resurfacing, chemical peels, plastic surgery and others.

Results: I understand that the actual degree of improvement cannot be predicted or guaranteed.

Furthermore, I understand that the effect will gradually wear off and additional treatments may be

necessary to maintain the desired effect.

Side effects and complications include but are not limited to:

- Potential allergic reaction to the product and/or anesthetic medicines. As with any product, allergies can develop during or after injection.
- Injection site reactions: a lumpy or “thick” feeling at or just under the skin, bruising, redness, itching, pain, tenderness, or slight swelling.
- Injections into the lip area could trigger a recurrence of facial cold sores (Herpes simplex infections) for patients with a history of prior cold sores.

Precautions and contraindications:

- Due to the potential for an allergic reaction, HA fillers are not recommended for patients with severe allergies or a history of anaphylaxis.
- The risk of bruising or bleeding may be increased by blood thinning medications & herbs, i.e. aspirin, NSAID’s (e.g., Ibuprofen, Aleve, Motrin, Celebrex), Coumadin (Warfarin), Plavix, Xarelto, Ginkgo Biloba, St. John’s Wart, and others
- The safety of HA fillers in pregnant or breast-feeding women has not been established, and is therefore not recommended for these women.

Consent:

Local anesthesia may be used to reduce the discomfort of the procedure. This may include, ice, topical anesthetic gel, and/or injections of local anesthetic medicine. I understand the above, and

have had the risks, benefits, and alternatives explained to me, and have had the opportunity to ask questions. I understand about “off-label” use and about how long these treatments are expected to last. No guarantees about results have been made. To the best of my knowledge, I am not pregnant, and I am not breastfeeding. I give my informed consent for HA dermal filler injections today as well as future treatments as needed.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____