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: ___________________________