

**JANDALI PLASTIC SURGERY**  
**Hyaluronic Acid Filler Injection Consent Form**

I understand that I will be injected with a hyaluronic acid filler, such as Juvederm, Restylane, Perlane, etc. The injection will be performed in the facial area. These injections are implanted intradermally through a fine gauge needle into the treated area. Hyaluronic acid dermal fillers have been approved by the FDA for use in cosmetic treatments of fine facial wrinkles and folds. I understand that these fillers are used for the contouring and volumizing of facial wrinkles and folds.

I understand that multiple treatments are necessary to achieve desired results. Treatments generally last for 6 months or longer. Touch up treatments may be necessary to maintain desired results. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. *No refunds will be given for treatments received.*

**Possible Side Effects and Risks can include but are not limited to:** Allergic reaction or infection, bleeding, tenderness or pain, redness, bruising, scarring, lumps/bumps, swelling at injection site, injection into a blood vessel, vascular compromise by compression, injury to a vessel, tissue/skin necrosis, nerve injury/numbness, and blindness. People with a history of cold sores may experience a recurrence after the treatment, although this can be minimized by the use of antiviral medicines. I agree to consult with my physician if I have a history of cold sore or fever blisters prior to this treatment.

I have advised my physician or nurse if I have severe allergies, particularly allergies to bacterial proteins. If I have an allergy to bacterial proteins I understand I am not a candidate for this treatment. I have also advised my physician or nurse if I have asthma, hay fever, eczema or a history of multiple allergies as any of these issues may increase my risk of allergic reaction.

I have advised my physician or nurse if I am pregnant, trying to get pregnant or if I am nursing.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me.

- I am not pregnant or breastfeeding.
- I do not have any allergies to bacterial proteins or lidocaine.
- I understand that hyaluronic acid fillers each have specific FDA approvals for injection into certain areas of the face. Some areas that may be injected may be considered "Off-Label" if they do not have specific FDA approval for the certain area. I understand that this does not mean that the proposed use is experimental, but rather deemed to be safe and effective by Dr. Jandali and his staff.
- I understand that this consent is valid and active for all future injections of hyaluronic acid filler (Juvederm, Restylane, etc) at Jandali Plastic Surgery by either Dr. Shareef Jandali or one of his designees (RN, NP, or PA).

Patient Name (printed):

Patient Signature:

Date:

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