



Informed Consent Restylane, Perlane, Juvéderm, and Voluma (Hyaluronic Acid Injections)

INSTRUCTIONS

This is an informed-consent document to help you understand Restylane, Perlane, Juvéderm, and Voluma (Hyaluronic Acid Injections), their risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for this procedure as proposed by your plastic surgeon.

INTRODUCTION

Hyaluronic acids include a wide range of complex carbohydrate molecules, normally found in the human body. Injection of hyaluronic acid (HA) into the skin or just below the skin can elevate depressed areas and wrinkles, and can provide a volume supplement to tissues to improve contours, such as lip and cheek enlargement.

The effect of HA is not permanent and will last anywhere from 3 to 24 months, depending on the product chosen, as well as its area and depth of use.

HA may not eliminate all types of wrinkles.

ALTERNATIVE TREATMENTS

Other "filler" materials exist that have similar effects such as Collagen, fat grafts, Sculptra and Radiesse. Also, laser resurfacing and chemical peels can improve certain wrinkles. Certain deeper wrinkles may require surgical treatments, such as brow or face lifts.

RISKS of HYALURONIC ACID INJECTIONS

Although the majority of patients do not experience the following complications, every procedure involves a certain amount of risk, and it is important that you understand these. An individual's choice to undergo this procedure is based on the comparison of the risk to the potential benefit.

Bleeding and Bruising: Injection of HA involves a needle so there is a risk of some bleeding and bruising. Do not take any aspirin or anti-inflammatory medication for 10-14 days before HA injections, as this increases the risk of bleeding and bruising.

Lumpiness: HA is a thick semi-liquid material and when injected is much like a clear molasses. In thin skin it may create a small lump which will disperse with massage, but it may take a few days.

Facial Asymmetry: The human face is normally asymmetric with respect to anatomy and function. There can be a variation from one side of the face to the other with HA injections.

Pain: Injection of HA is painful so a topical anesthetic cream is applied to the skin and in certain locations a local anesthetic is used.

Unsatisfactory Results: Not all wrinkles can be adequately treated with HA alone. Other surgical procedures or treatments may be needed to improve wrinkles and folds. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied.

Duration of Effects: HA is slowly absorbed and can last anywhere between 3-24 months. In some facial locations the duration may be shorter and in other areas longer.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Informed-consent documents are not intended to define or serve as the standard of medical care.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR TREATMENT

1. I HEREBY AUTHORIZE Dr. Frederick Thompson and such assistants as have to be selected to perform the following procedure or treatment: **Hyaluronic Acid Injection**
2. I have received the following information sheet: Informed Consent for Restylane, Perlane, Juvéderm, and Voluma (Hyaluronic Acid Injections)
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I consent to the photographing of procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
5. **It has been explained to me in a way that I understand:**
 - a. **The above treatment or procedure to be undertaken.**
 - b. **There may be alternative procedures or methods of treatment.**
 - c. **There are risks to the procedure or treatment proposed.**

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS.
I AM SATISFIED WITH THE EXPLANATION.**

Signature: _____ Date: _____
Patient or Person Authorized to Sign for Patient

Witness: _____ Date: _____

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| 1. _____ | Date: _____ |
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