

PLEASE INITIAL ALL AND SIGN BELOW

- _____ Fillers are sterile gels consisting of non-animal stabilized hyaluronic acid for injection into tissue and skin, to correct volume depletion, facial lines, wrinkles and folds. It is also used for lip enhancement and shaping of facial contours.
- _____ The use of and indication for the products have been explained to me by my physician/nurse and I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following: After injections some common or rare injection related issues may occur as per explanation of the **Pre- & Post Care and Tips** sheet I have received and read.
- _____ Other types of reactions are very rare, but 1/2000 treated patients have experienced localized reactions thought to be of a hypersensitivity nature. This usually consisted of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness and rare acne-like formations have also been reported. These reactions have either started a few days after injection or after a delay of 2-4 weeks and have been described as mild to moderate and self-limiting, with an average duration of 2 weeks.
- _____ There are rare and higher risk areas of injection that may cause tissue injury and breakdown (necrosis) such as the area between the eyebrows, around the nose, lips and surrounding areas. Warning signs are mottling, blue discoloration and intense pain in treated area. **Contact Dr. Van Aardt** immediately as timely treatments of these issues have been shown to minimize and even reverse the condition.
- _____ My physician/nurse have also informed me that depending on the area treated, skin type, product used and the injection technique, that the effect of treatment with products can last 6-24 months, but that in some cases the duration of the effect can be shorter or even longer. Touch-up and follow-up treatments helps sustain the desired degree of correction and may result in prolonging the clinical effect.
- _____ In the case that a patient develops acute infection in the vicinity of filler placement, or a systemic immune trigger is present, it is possible to develop an inflammatory response where the fillers have been placed. It may present with swelling, tenderness, redness and hard bumps in the area, even months or years after treatment. In such rare occurrence it is treatable and must be brought to the attention of your physician/nurse immediately. The risk appears to be higher with chronic infections, major surgery and a flare up of chronic immune related disorders - if you, the patient, present currently with any of these you must discuss it with your physician/nurse before receiving any filler treatments.
- _____ For the purpose of accurate record keeping in connection with the care and treatment which I am receiving and will subsequently receive from this clinic, I, the undersigned, consent to have before, during and after treatment, close-up photographs taken of the involved area(s) and the anatomical region surrounding the involved areas. This shall be treated with the same confidentiality as the remainder of my medical file at this clinic.
- _____ I, the patient, understand that payment of this treatment is non-refundable and that I will not hold this clinic or the injecting medical professional responsible if this course of treatment is not to my satisfaction.
- _____ I, the patient, have received my **Pre- & Post Filler and Tips** information sheet before my actual treatment and the contents have been explained to me and I will follow the advice given.

By signing below I voluntary consent to being treated with Hyaluronic Acid Dermal Fillers of various brand names used in this clinic based upon the prescription of the physician. I acknowledge that I have read and understand the documentation given to me regarding this procedure.

Print Client Name	Client Signature	Date
Print Name of Service Provider	Signature of Service Provider	Date