Dr. R. van Aardt
Cosmetic Medicine

SCUPLTRA CONSENT & INFORMATION

Name: _____ Date of Birth: _____
Contact Tel # (Cell): _____-_____-_____ (W): _____-_____-_____ (H): _____-_____-_____
Email: _____ Consent to use: __Y __N
Address:

Sculptra is a sterile suspension of Poly-L-Lactic acid, which does not harm the body, broken down or metabolized by the body, synthetic polymer from the alpha-hydroxy acid family - fruit acids. This product has been used medically for many years in dissolvable stitches, and does not require pre-treatment skin testing for allergies. Sculptra is an injection into the skin and underlying tissues of Poly-L-Lactic acid. Sculptra is designed to help correct skin depressions: creases, wrinkles, folds, scars, hollow eye rings, skin aging, and facial loss of fat.

Sculptra has been used since 1999 in over 500,000 patients in more than 30 countries, primarily for cosmetic use. In Canada, Sculptra has been approved for aesthetic medicine and reconstructive use. Depending on the area and condition treated, the volume of Sculptra used, the injection, the effect of a treatment with Sculptra may last up to 2 years, but that in some cases the duration of the effect can be shorter or longer. Most areas of treatment will require multiple sessions, usually 3 sessions at a minimal of 6-8 week intervals, for optimal correction. Because individual response to Sculptra may vary, the exact number of treatment sessions required cannot be predicted with complete accuracy. In order to maintain the desired degree of correction, touch-up treatments may be needed.

RISKS and DISCOMFORTS - Initial all and Sign below:

_____ I acknowledge that I have had my questions answered to my satisfaction and possible risks have been explained.

_____ I understand that some injection-related reactions may occur, these could include swelling, redness, pain, itching, bruising and tenderness at the injection site. These typically resolve spontaneously within 1 - 15 days post treatment.

_____ I have been informed that because Sculptra is injected in a solution containing water, there will be initial swelling that will be noticeable for several hours or several days. This effect is temporary, and does not affect the long-term tissue response.

_____ I understand that a feeling of fullness or thickness, can be felt in the injection areas. This is a normal response of the Acide L-Polylactique injectable treated tissue to the process of inflammation and new collagen formation. Simply massaging the treated areas gently 3 times per day for 3 minutes for 3 days after the injection can help minimize this feeling.

_____ I understand that delayed side effect like small bumps under the skin, this may be non-visible or visible and may be felt in the areas of treatment. Bumps may be felt when pressing on the skin. This tend to happen within the first 6-12 months post treatment. With the newest treatment techniques, this side effect is now extremely rare.

_____ Visible bumps may occur in rare instances, and could be associated with redness, tenderness, skin discoloration or textural alteration. These bumps may or may not require treatment, including, but not limited to, injection, freezing or excision. Contact the Medi-Spa if you have concerns regarding this.

_____ I understand that other rare adverse events include: injection site abscess, allergic reaction, skin hypertrophy and/or atrophy, malaise, fatigue and swelling post treatment.

_____ The use of anti-inflammatory drugs, anti-clotting agents, or aspirin might cause bleeding or increased bruising at the injection site.

_____ I understand that any injection carries a small risk of infection. If the needle accidentally punctures a blood vessel, this may result in temporary bruising of the treated area, scabbing, shedding and shallow scarring.

_____ Allergic reactions are rare. this could manifest itself by prolonged redness, itching, swelling or a hardening of the skin around the injection site. The reaction can last for as long as 3-4 months and in rare cases, more than a year. I confirm that I have informed my service provider of all known allergies and sensitivities.

_____ I have informed my Service Provider about any health problems, medications and physician visits I have had in the past few months or at the present time. Please inform any previously been diagnosed with facial herpes simplex.

_____ I consent to photographs before treatment, upon the first treatment and at all other session visits.

_____ I consent that these photographs can be discreetly, protecting my identity, used for educational and promotional material.

_____ I acknowledge that I have been given ample time for questions regarding this treatment and that it has all been answered to my satisfaction.

By signing the Informed Consent Form below, I agree to receive Sculptra treatment. I confirm that I have personally explained the nature, purpose, duration, and foreseeable effect and risks of Sculptra.

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