

Lakes Cosmetic Institute

Dermal Filler Consent Form

Risks and Complications include but are not limited to:

1. **Facial Bruising, redness, swelling, itching and pain.** These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, Warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.
2. **Nodules and palpable material.** You may be able to feel the filler material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.
3. **Migration.** Filler may move from the place where it was injected.
4. **Infection:** All transcutaneous procedures carry the risk of infection.
5. **History of Herpes Infection.** Filler carries the risk of a recurrence of an outbreak of herpes and that outbreak could be severe in nature.
6. **Allergic Reactions.**
7. **Keloids/Scarring.** Known susceptibility to keloid formation or hypertrophic scarring has not been studied.
8. **Accidental Injection into a blood vessel.** Filler can accidentally be injected into a blood vessel, which may block the blood vessel and cause local tissue damage or potentially even a heart attack, stroke, or blindness.
9. **Radio-Opacity.** If using Radiesse, it is radio-opaque and is visible on CT Scans and may be visible in x-rays.
10. **Duration of Effect.** The outcome of treatment will vary among patients. In some instances, additional treatments may be necessary to achieve desired outcomes.
11. **Concomitant Dermal Therapies.** I understand that the safety of dermal fillers with concomitant dermal therapies such as epilation, UV radiation, laser, mechanical or chemical peeling procedures, massage, use of clarisonic skin cleansing brush has not been evaluated in controlled clinical trials. The use of any of these procedures is not recommended as such treatments may alter the characteristics of the filler.
12. It is not recommended that you have dermal fillers injected if you are nursing or pregnant.
13. **Sun Exposure.** Sun exposure should be minimized for approximately 24 hours after treatment or until any initial swelling or redness goes away.

I understand that there is no guarantee of any particular results of any treatment. All services rendered will be charged directly to me and I am personally responsible for payment. By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my doctor to my satisfaction, and consent to the treatment described above with its associated risks. I hereby release the doctor, and the facility from liability associated with this procedure.

Patient Signature _____ Date: _____

RN Signature _____