



Hyaluronic Acid Consent Form

The use, indications, contraindications and potential adverse effects of treatment with the Hyaluronic Acid (HA) Fillers have been explained to me. I understand the information provided. I have answered all questions regarding my medical history truthfully. I have discussed the risks and benefits of HA Fillers with my physician/healthcare professional (HCP) and have received satisfactory answers.

I clearly understand that:

- HA Fillers are a cross-linked hyaluronic acid of non-animal origin.
- HA Fillers are injected via a syringe into the dermis (skin) to temporarily correct fine lines, wrinkles, folds and contours of the face or to temporarily increase the volume of the lips.
- HA Fillers provide correction for an average of 6 months. This effect varies depending on the type of skin, areas of injection, amount injected and injection technique.
- The longevity of the effect of HA Fillers in the lips may be reduced because of the high vascularization of the lips.
- A touch-up procedure a few weeks after the first injection may help increase persistence and optimize results.
- A local anesthetic will be administered as necessary by the physician/HCP.

I clearly understand that after injection of HA Filler, there are some potential side effects, which include and may not be limited to the following:

- Inflammatory reactions such as redness, edema and/or erythema, which may be accompanied by stinging, pain or pressure. These reactions may last up to one week (if longer, this or any other side effect must be reported to the physician as soon as possible).
- Infection, swelling or nodules may develop.
- Very rare cases of discoloration of the injection site have been reported.
- Rare cases of necrosis. Abscess, granuloma or hypersensitivity have been reported after injections of HAs.
- Persistence of inflammation for more than one week or the development of any other side effect must be reported to the physician as soon as possible.
- Increase of bruising or bleeding at injection site if using a substance such as acetylsalicylic acid or ibuprofen.

I have informed my physician of my medical history and I clearly understand that I cannot be treated with HA Fillers:

- If I am pregnant or breast-feeding
- In areas presenting with inflammatory and/or infectious skin problems (acne, etc.)
- If I have a past history of autoimmune disease
- If I am receiving immunotherapy treatments
- If I have a known hypersensitivity to HAs
- If I am undergoing laser therapy, chemical peeling or dermabrasion
- If I have a tendency to develop hypertrophic scarring

I have informed my physician about all of the medications that I have taken or am currently taking including herbal medications.

I have discussed the risks and benefits of HA Fillers with my provider or his/her representative. I understand the information provided. This consent applies to all future injections of hyaluronic acid filler.

I authorize the nurse practitioner, to provide this treatment. I will follow post-treatment care as outlined, which includes **contacting the office immediately if I have any concerns with regard to side effects** following the procedure. I understand and fully agree to the terms outlined above.

SIGNATURE (PATIENT/GUARDIAN) _____ **DATE** _____