

## **Patient Consent for Treatment with Fillers**

### **Rationale**

The Fillers we use are proteins that are almost bio-identical to our own bodies Hyaluronic Acid. These sterile gels consist of non-animal cross-linked proteins that are manufactured under sterile conditions. Injection into the skin allows us to correct facial lines, fill wrinkles and folds, enhance lips and achieve non-surgical facelifts.

My practitioner has also informed me that depending on the area treated, skin type, and the injection technique the effects of treatments with Fillers can last 3-12 months, but that in some cases the duration of the effect can be shorter or even longer. We have found that combining Botox with Fillers triples the duration of action. We have also found that deep injection of facelift persists much longer with reports of it lasting up to 3-6 years. Touch up and follow up treatment helps sustain the desired degree of correction.

### **Risks and Complications**

The use of and indication for Fillers have been explained to me by Dr. Thompson and I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following: after the injection some common injection related reaction might occur, such as swelling, redness, pain, itching, discoloration and tenderness at the injection site. This typically resolves spontaneously within 1-2 days after injection into the skin and within a week after injection of the lips. Other types of reactions are exceedingly rare, but approximately 1 in 2000 treated patients have experienced localized reactions thought to be of a hypersensitivity nature. These have usually have consisted of swelling at the injection site and sometimes the surrounding tissues. Redness, tenderness and rarely 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.

### **Photographs**

I authorize the taking of clinical photographs and their use for scientific purposes in both publications and presentation. I understand that my identity will be protected.

### **Pregnancy and Neurological Disease**

I am not aware that I am pregnant nor that I have any significant neurological disease and I have completed a detailed medical questionnaire for my safety.

### **Payment**

I understand that this is a cosmetic procedure and that I am responsible for payments in full for all procedures at time of service. Usual payment options such as Visa, MasterCard, etc., are available.