

## DERMAL FILLER INFORMED CONSENT

I, \_\_\_\_\_ understand that I will be injected with the following dermal filler(s):

- JUVÉDERM® ULTRA XC injectable gel is indicated for injection into the mid-to deep dermis for correction of moderate to severe facial wrinkles and folds (such as nasolabial folds)
- JUVÉDERM® ULTRA PLUS XC injectable gel is indicated for injection into the mid-to-deep dermis for correction of moderate to severe facial wrinkles and folds (such as nasolabial folds)
- JUVÉDERM® VOLUMA XC injectable gel is indicated for deep (subcutaneous and/or supraperiosteal) injection for cheek augmentation to correct age-related volume deficit in the mid-face in adults over the age of 21.
- JUVÉDERM VOLLURE™ XC injectable gel is indicated for injection into the mid-to deep dermis for correction of moderate to severe facial wrinkles and folds (such as nasolabial folds) in adults over the age of 21.
- JUVÉDERM VOLBELLA® XC injectable gel is indicated for injection into the lips for lip augmentation and for correction of perioral rhytids in adults over the age of 21.

In the following area(s):

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The aforementioned dermal fillers have been FDA approved for use in cosmetic treatments for moderate to severe wrinkles around the nose, mouth and cheek area, as is indicated. I understand this treatment is temporary, and re-injection is necessary after about six months. It has been explained to me that other temporary and more permanent treatments are available.

The following complications may occur with the dermal filler injection procedure:

1. **Risks:** I understand there is a risk of bruising, redness, swelling, pain at the injection site, tenderness, itching, allergic reaction, and raised bumps of skin (nodules). These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases bruising can last several months and even be permanent.
2. **Infection:** Post treatment bacterial, viral and/or fungal infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. **Effectiveness:** Treatments can last anywhere from 4-6 months up to one year.
4. **Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.
5. **Allergic Reactions:** In rare cases, there may be an allergic reaction to the injection.
6. There is a risk of **scarring**.
7. I will follow all aftercare **instructions**, as it is crucial I do so for healing.

As dermal fillers are not an exact science, there might be an uneven appearance of the face with some areas more affected by the fillers than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas.

However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with dermal fillers, as there are both known and unknown side effects associated with any medication or procedure.

I have read the patient information for JUVÉDERM® ULTRA XC, JUVÉDERM® ULTRA PLUS XC and JUVÉDERM® VOLUMA XC, which can be downloaded at: <http://allurerejuvenationcenter.com/patient-info/>

These dermal fillers should not be administered to a pregnant or nursing woman.

The number of units injected is an estimate of the amount of dermal filler required to add volume to the skin and give the appearance of a smoother face. I understand there is no guarantee of results of any treatment and the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered are charged directly to me and I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this is required. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent dermal filler treatments with the above understood. I hereby release the doctor, the person injecting the dermal filler and the facility from liability associated with this procedure.

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_