

Consent For Dermal Filler Treatments

Dermal Fillers are used for the treatment of facial creases, wrinkles, folds, contour defects, depression scars, facial lipoatrophy (loss of fat), and enhancement purposes. These treatments involve multiple injections of filler into or below the skin to fill wrinkles and restore volume. The effects of dermal fillers are temporary and no guarantees can be made regarding how long correction will last in a specific patient.

Possible risks, side-effects, and complications with dermal fillers include but are not limited to:

- Redness, swelling, and bruising. Bruising often occurs and usually resolves within 1-3 weeks.
- Visible raised areas or bumpiness at/around the treated site
- Asymmetry, over correction, or under correction
- Infection
- Rarely: granulomas/firm nodules may form, allergic reactions, scarring, skin breakdown/ulceration/tissue death, blindness

The administration of anesthetics may be necessary or advisable to reduce pain.

Photographs taken shall be part of the medical record and used for documentation of response to treatment.

My signature below certifies that I have fully read this consent form and understand the written information provided to me regarding the proposed procedure. I have been adequately informed about the procedure including: the pretreatment instructions, the potential benefits, risks, limitations, and alternative treatments, and I have had all questions and concerns answered to my satisfaction.

Patient Name _____

Patient Signature _____ Date _____