

# West Linn Aesthetic Medicine

## CONSENT FOR TREATMENT: DERMAL FILLERS ~ Juvéderm® Ultra XC and Juvéderm® Ultra Plus XC ~

**PATIENT** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

Juvéderm® is a brand name of clear gel dermal filler that contains hyaluronic acid, which exists naturally in all living organisms. Treatment with Juvederm® and other dermal fillers can smooth out folds and wrinkles, add volume to the lips, and contour facial features that have lost their fullness due to aging, sun exposure, illness, etc. The products produce a natural volume under the wrinkle, which is lifted up and smoothed out. The filler is injected into the skin with a very fine needle. The results can often be seen immediately. Treating wrinkles with dermal fillers is fast, safe, and can be carried out with minimal complications. **Initial** \_\_\_\_\_

### RISKS AND COMPLICATIONS

It has been explain to me that there are certain inherent and potential risks and side effects in any invasive procedure (both known and unknown) and in this specific instance such risks include but are not limited to:

- Post treatment discomfort, swelling, redness, bruising, and discoloration.
- As with all injections, this procedure carries the risk of skin infection at or around the injection site.
- ALLERGIC OR HISTAMINE-LIKE REACTIONS. As with any injection or medication, allergic reaction or histamine-like reactions can occur.
- Transient mild headaches.
- Reactivation of Herpes (cold sores).
- Some clients have reported a sensation of lumpiness or fullness in the areas of treatment. This lumpiness occurs in approximately 20% of cases. There is a possibility of feeling the outline of the injected cosmetic dermal filler as well.
- Granuloma formation from an immune system reaction.
- Localized necrosis and/or sloughing of the skin cells, if blood vessel occlusion occurs. In rare occasions, pustules might form. These reactions might last for as long as 2 weeks, and in appropriate cases may need to be treated with oral corticosteroids or other therapy.
- During the healing process, there is a possibility that the area can become lighter in color (hypopigmentation) or darker in color (hyperpigmentation) in relation to the surrounding skin. This is typically a temporary side effect, but can be permanent.
- Although rare, permanent scarring in response to infection or wounds can occur.
- If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after dermal filler treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site. **Initial** \_\_\_\_\_

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## PHOTOGRAPHS

I authorize the taking of clinical photographs before and after treatment for use in my personal record at West Linn Aesthetic Medicine and for treatment purposes only. **Initial** \_\_\_\_\_

## PREGNANCY, ALLERGIES AND DISEASE

I am aware that I am NOT pregnant and I am not trying to get pregnant. I am not lactating (breast-feeding). I do not have or have not had any major illnesses which would prohibit me from receiving any of the above-mentioned dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to Lidocaine. Dermal fillers should not be used in areas with active inflammation or infections (e.g. herpes, cysts, pimples, rashes or hives). **Initial** \_\_\_\_\_

## ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect, and duration include but are not limited to: animal-derived collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants, surgical bone or fat grafts, and no treatment.

**Initial** \_\_\_\_\_

## COST/PAYMENT

Since most uses of dermal fillers are considered cosmetic, they are generally not reimbursable by government or private health care insurers. I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. **Initial** \_\_\_\_\_

## RESULTS

Most patients are pleased with the results of dermal filler use. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. The treatment of dermal fillers is temporary, and the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, general health and lifestyle conditions, sun exposure, and adherence to pre and post instructions. Depending on these factors the results may last 3-6 months, and in some cases shorter and some cases longer. Additional treatments will be required periodically, generally within 4-6 months to one year, involving additional injections for the desired level of effect to continue. **Initial** \_\_\_\_\_

I understand that this is an elective procedure and I hereby voluntarily consent to treatment and the associated risks with Juvéderm® dermal filler. This procedure has been explained to me by my healthcare practitioner, or the person who signed below and my questions were answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history/health condition I will notify the office immediately. I also state that I read and write in English. **Initial** \_\_\_\_\_

## West Linn Aesthetic Medicine

I understand that this consent form constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I hereby release the doctor, the person injecting the Botox®, West Linn Aesthetic Medicine, West Linn Primary Care, its officers and staff from any liability associated with this procedure that I have volunteered for. I certify that I have read and understand the contents in full of this treatment agreement, consent information, and pre and post-treatment recommendations. I have had sufficient opportunity for discussion and to ask questions of the staff and practitioners of West Linn Aesthetic Medicine regarding the above stated procedure. I consent for this Juvéderm® treatment today and for all subsequent treatments.

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Patient Name (Print)

Patient Signature

Date

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Provider Name (Print)

Provider Signature

Date