Logo, company name

Description automatically generatedDermal Filler Consent and Information Guide

Patient Name: Date:

This is an informed consent document that has been prepared to help inform you of dermal filler injection, its risks, as well as alternative treatments. It is important that you read this information carefully and completely. Please read each page and sign the consent.

**Introduction:**

**DERMAL FILLER TREATMENT PURPOSE**

Dermal fillers at Earthwinds Wellness are made with hyaluronic acid gel that is injected under the skin to smooth the appearance of wrinkles and provide fullness to the skin. Areas most frequently treated are nasolabial folds, oral commissures, lips, and Glabellar. Dermal fillers create immediate improvement in skin depressions and wrinkles in the appropriate patient population. When used with botulinum toxin, fillers can diminish or eliminate the appearance of fine lines and wrinkles. You may experience a slight burning sensation during injections. The procedure takes about 20-30 minutes. Results last approximately six months.

**PATIENTS WHO SHOULD NOT BE TREATED**

Dermal filler injection SHOULD NOT be used on patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, dermatitis, or inflammatory rosacea in the area to be treated. Inform your medical professional if you have any history of herpes simplex. Filler injections are also not recommended if you have received radiation therapy to the area in the last year. Dermal fillers should not be administered to pregnant or breastfeeding (lactating) women.

**Pre and Post Treatment Acknowledgement:**

**ONE WEEK BEFORE YOUR DERMAL FILLER INJECTIONS**

Avoid these products and/or procedures in area(s) treated:

• Electrolysis

• Waxing

• Depilatory Creams

• Laser Hair Removal

• Patients who have had medical cosmetic facial treatments or procedures (e.g. laser therapy, surgical procedures, cosmetic filler, microdermabrasion, etc) should wait until skin sensitivity completely resolves before having filler injections

• Patients who have had botulinum toxin injections should wait until full effect of their treatment is seen before receiving additional treatments

**AFTER YOUR FILLER INJECTIONS**

It is crucial to the health of your skin and the success of your injection that these guidelines be followed for 24 hours post procedure:

1. Do not rub injection sites (this may cause migration of the filler)

2. Avoid swimming

3. Avoid alcoholic beverages

4. Wait until the full effect of the treatment is complete or at least 1 week before having ANY OTHER FACIAL PROCEDURES including:

• Facials

• Microdermabrasion

• Laser treatments

• Laser hair removal

• Botulinum toxin injections

• Injectable fillers

**Acknowledgement of Risks:**

**RISKS OF DERMAL FILLER INJECTION**

There are risks and complications associated with filler injection. An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although most patients do not experience the following complications, you should discuss each of them with your medical professional to make sure you understand all possible consequences.

1) Infection - Infection is unusual. Bacterial and viral infections can occur. If you have a history of Herpes simplex virus infections around the mouth, it is possible that an infection could recur following a filler procedure. Specific medications must be prescribed prior to the filler injection procedure to suppress an infection from this virus. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

2) Bruising- The face is highly vascular. Bruising can be caused by the needling puncturing blood vessels.

3) Asymmetry- The human face is normally asymmetrical in its appearance and anatomy. However, migration of filler or over/under injection can cause asymmetrical results. This may require additional injections to achieve the desired result.

4) Allergic Reactions - Skin rash, itching, tenderness, and swelling may occur. In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

5) Lack of Permanent Results – Filler injection or other skin treatments may not completely improve or prevent future skin wrinkling. No technique can reverse the signs of skin aging. Additional surgical procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program.

6) Acne-Like Skin Eruptions- Acneiform skin eruptions can occur following the injection of tissue fillers. This generally resolves within a few days.

7)Skin Necrosis- It is very unusual to experience death of skin and deeper soft tissues after dermal filler injections. Skin necrosis can produce unacceptable scarring. Should this complication occur, additional treatments, or surgery may be necessary.

8) Additional Surgery - There are many variable conditions, which influence the long-term result of dermal filler injection. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even rarer. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

\_\_\_\_\_\_ The clinical procedure has been explained to me in detail by the physician and/or members of the physician’s staff.

\_\_\_\_\_\_ I understand that the clinical procedure is a skin rejuvenation treatment and that I may need several administrations of clinical procedures to receive my best results.

\_\_\_\_\_\_ I understand that for optimum results, a home treatment program is needed to enhance the results of clinical procedures.

\_\_\_\_\_\_ I understand that clinical procedures need not be administered by a physician. It is also my understanding that, in addition to receiving formal training, any non-physician (i.e., RN or aesthetician) who administers clinical procedures has had his/her skills reviewed and endorsed by the supervising physician.

By signing below, I have read and understand the above paragraphs and realize that dermal filler injection carries with it certain serious risks. All my questions regarding this consent have been answered fully and to my satisfaction, and I fully understand the risks involved. I also state that I read, speak, and write English.

Patient’s Signature: Date:

Parent/Guardian’s Signature: Date:

Provider’s Signature: Date: