

## Dermal Filler Treatment Consent Form

This form is designed to provide you with the information you need to make an informed decision on whether or not to have a dermal filler procedure performed. It is important that you fully understand this information, so please read this document thoroughly. If you have any question or do not understand any part of this consent, please do not hesitate to ask us.

I hereby authorize **LUXE Medical Aesthetics** to perform a treatment with dermal fillers on me. I understand that the procedure is purely elective and I have chosen to receive treatment. I understand the nature of my condition, the nature of the procedure, the alternative treatments available, and the benefits to be expected compared with alternative approaches.

Treatment with dermal fillers (such as Juvederm, Restylane, Belotero, Radiesse and others) can smooth out facial folds and wrinkle, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoother out. The results can often be seen immediately.

No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list.

- Post treatment discomfort, swelling, redness, bruising and discoloration.
- Post treatment infection associated with any transcutaneous injection.
- Allergic reaction.
- Reactivation of herpes (cold sores).
- Lumpiness, visible yellow or white patches
- Granuloma formation
- Localized necrosis and/or sloughing, with scab and /or without scab if blood vessel occlusion occurs.

Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. It's effects can last up to 6 months. Most patients are pleased with the results of dermal filler use. However, like any esthetic 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 dermal filler procedure is temporary and additional treatments will be required periodically, generally within 4-6 months, involving additional injections for the effect continue. I am aware follow up treatments will be needed to maintain the full effects. I am aware the duration of treatment is dependent on many factors including but not limited to: age, sex tissue conditions, my general health and life style conditions and sun exposure,

I consent to photographs being taken to evaluate treatment effectiveness, for medical education and training. No photographs revealing my identity will be used without written consent.

I understand this is an elective procedure and I hereby voluntarily consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, establish proper lip and smile lines, and replacing facial volume. This procedure has been fully explained to me. I have read the above and understand it. My questions have been 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.

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Patient Signature

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Print Patient Name

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Date

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Physician Signature

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Print Physician Name

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Date