

Dermal Filler Consent

Dermal filler injections are used to correct facial wrinkles and/or for lip augmentation. Fillers have been approved by the FDA (Food and Drug Administration) for correction of facial wrinkles in the nasolabial area (nose-lips) and the fold between the cheek and the nose/upper lip (“on-label” use). I understand that the safety and effectiveness of treating facial areas other than the nasolabial folds has not been studied; however, this “off-label” aspect of the treatment has been explained to me.

Alternatives. There are alternatives to filler injections, including no treatment, or other facial soft tissue augmentation, and cosmetics, Botox, laser skin resurfacing, chemical peels, or plastic surgery for wrinkle reduction.

Results. I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and additional treatments may be necessary to maintain the desired effect.

Side effects and complications include but are not limited to:

- Injection site reactions: a lumpy or “thick” feeling at or just under the skin, bruising, redness, itching, pain, tenderness, or slight swelling.
- Injections into the lip area could trigger a recurrence of herpetic ulcers (cold sores) for patients with or without a history of prior cold sores.

Precautions and contraindications

- The risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin and non-steroidal anti-inflammatory drugs (e.g., Ibuprofen, Aleve, Motrin, Celebrex), high doses of Vitamin E, and certain herbs (Ginkgo Biloba, St. John’s Wart).
- The safety of fillers in pregnant or breast-feeding women has not been established, and is therefore not recommended for these women.

Patient Consent

I understand the need for local anesthesia to reduce the discomfort of the procedure and consent to the topical application of anesthetic gel and/or injections for a nerve block or local infiltrative anesthesia. I understand the above; have had the risks, benefits, and alternatives explained to me; and have had the opportunity to ask questions. No guarantees about results have been made. To the best of my knowledge, I am not pregnant, and I am not breastfeeding. I give my informed consent for filler injections today as well as future treatments as needed.

Patient Signature

Date

Print Name