



Informed Consent – Hyaluronic Acid (Juvederm) Dermal filler

This consent form is designed to give you the information you need to make an informed decision about whether or not to undergo treatment with the Hyaluronic acid dermal filler Juvederm for facial wrinkles and folds, contour defects and/or lip enhancement. All medical and cosmetic procedures carry risks and may cause complications.

Hyaluronic acid treatments involve injections of purified hyaluronic acid into the skin to fill wrinkles and restore volume. Juvederm is a colorless gel and hyaluronic acid is a naturally occurring sugar found in the human body. The role of hyaluronic acid in the skin is to deliver nutrients, hydrate the skin by holding in water and to act as a cushioning agent. The hyaluronic acid in Juvederm is biocompatible and is a totally non-animal product. Just like natural hyaluronic acid, injectable hyaluronic acid eventually loses its form and wears down. While the effects of injectable hyaluronic acid can last 6 months or longer, the procedure is still temporary. Ongoing and maybe additional treatments are required to maintain the improvements achieved with Juvederm. However, due to various factors that influence hyaluronic acid breakdown, no guarantees can be made regarding how long correction will last in a specific patient.

Alternatives to Dermal filler (hyaluronic acid) treatments include, but are not limited to, other dermal fillers (collagen, fat, synthetic polymers), laser resurfacing, surgical facelift, lasers for skin laxity, Botox or no treatment at all.

Patients that may not be eligible for Dermal Fillers:

Patients with the following conditions may not receive hyaluronic acid treatments: previous allergic reactions to injectable hyaluronic products, history of a serious allergic reaction (anaphylactic), multiple severe allergies, allergies to gram positive bacterial proteins, abnormal raised scarring or keloid formation active inflammation or infection in the treatment area (pimples, rash, hives, herpes), pregnancy or nursing. Certain conditions require caution with injectable fillers and may preclude a patient from receiving Treatment: poor healing (due to diabetes or other conditions), long-term use of Prednisone or other steroid therapy. Recurrent viral infections such as herpes simplex (cold sores) may be activated by Dermal fillers. The doctor must be notified of these conditions prior to treatments.

Risks

The possible risks, side effects and complications with hyaluronic acid include, but are not limited to:

1. Pain and tenderness during and after treatments at/around the treated site which typically resolves within a few days to a week.
2. Redness and swelling at/around the injection site is common. Itchiness may also occur. These reactions are generally present immediately after treatment and lessen or disappear within a few days to 1 week. Some patients may experience prolonged swelling and/or tenderness/pain at the injection site lasting up to 2 weeks. Some patients may experience a delayed onset of these symptoms up to several weeks after treatment. On rare occasions, pustules (acne-like lesions) may form. The doctor must be notified if symptoms persist for more than 1 week, pustules are present or symptoms appear in a delayed fashion after treatment.

3. Although a very thin needle is used, bruising could occur which usually resolves within 1-2 weeks after the injection. Patients taking medications or supplements that interfere with blood clotting (aspirin, ibuprofen, fish oil, Vit. E, etc.) have an increased risk of bruising and bleeding.
4. Infection at the treated site.
5. Although rare, local tissue damage can occur with skin breakdown, scab formation and/or scarring in the treated area.
6. Visible raised areas and lumpiness at/around the treated site grayish discoloration of the skin. These symptoms may persist from a few weeks to several months and may be permanent (rarely).
7. Failure to reduce a contour defect or wrinkle (under correction) or over correction. Placement of filler adjacent to or outside the desired treatment area: undesired changes in facial contour. Asymmetry, where the correction on one side may be different from the correction on the other side of the face. Swelling at the time of injection may create the appearance of asymmetry or under correction which usually resolves as described above. However, you may need to return for additional treatment if under correction or asymmetry persists. No refunds will be given for treatments received.
8. Hyaluronic acid may have an unpredictable duration of action and may not last as long as anticipated or may persist in some areas longer than anticipated.
9. A remote and rare risk is that of injecting hyaluronic acid into a blood vessel which can block blood flow in the area or in distant areas causing tissue damage.
10. If you are considering laser treatment, chemical peels or any other procedure based on skin response after dermal fillers, or if you recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site.
11. An anesthesia, numbing medicine used to reduce the discomfort of the injection, may or may not be used. This includes, but is not limited to, local anesthetic such as injections with lidocaine with or without epinephrine; and/or topical anesthetics such as benzocaine/lidocaine/tetracaine cream; and/or topical oral benzocaine preparations. The risks or side effects of these anesthetics include, but are not limited to, skin irritation, lightheadedness, rapid heart rate, and allergic reactions.

It is important that you read the above information carefully and have all of your questions answered Before signing the consent on the next page.

Please initial each section to indicate that you understand each topic. Do not initial if you desire more Information.

_____ I consent to administration of injectable and/or topical anesthetics that may be deemed necessary or advisable for my procedure. I do not have an allergy to lidocaine or anesthetics. I understand that all forms of anesthesia involve risk and the possibility of complications.

_____ No guarantees can be made or have been made that I will benefit from treatment or achieve a desired level of correction. There is no guarantee that wrinkles or folds will be reduced. I understand that I may require additional treatments to achieve correction. I also understand that not having this procedure is an option.

_____ I understand that dermal filler treatments are not covered by insurance. Should I require a touch-up treatment, I am responsible for the cost of that additional treatment.

_____ I have fully read and agree to adhere to pre-treatment and post-treatment instructions. I understand the failure to carefully follow these instructions may affect my treatment outcome and increase the likelihood or severity of complications.

_____ If pre and post treatment photos and/or videos are taken of the treatment for record purposes, I understand my identity will be protected and they are the property of Dr. Groves

_____ I have fully disclosed all of my medical history. I understand that it is my responsibility to inform and update any change in my health status and medical history.

_____ I am an adult of at least 18 years of age. My signature below certifies that I have fully read this consent form and understand the information provided to me regarding the proposed procedure. I have been adequately informed about the procedure involving the potential benefits, limitations and alternative treatments. I have had enough time to consider the information and I have had all questions and concerns answered to my satisfaction. I understand and accept the risks, side effects and possible complications associated with hyaluronic acid dermal filler treatment.

_____ I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection and/or Court cost and reasonable legal fees, should this be required.

Your consent and authorization for this procedure is strictly voluntary. By signing this consent form, you hereby grant authority to Dr. Alison Groves to perform Facial Augmentation and/or Filler therapy injections using hyaluronic acid (Juvederm) as deemed advisable in the treatment areas you choose. I hereby give my consent to this procedure and have been asked to sign this form after being fully informed of the risks and benefits involved. I release Dr. Alison Groves from liability associated with the Juvederm procedure.

Print Name: _____ Date: _____

Patient Signature: _____ Date: _____

Dr. Alison Groves: _____ Date: _____

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