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**CONSENT FOR INJECTION OF FILLER MATERIAL**

I consent to treatment with the following injectable filler(s): \_\_\_\_\_  
in an effort to improve my appearance.

**Introduction:** Filler materials are products that are injected into the skin for the correction of undesired wrinkles, folds, and depressed scars in facial skin. Cosmetic fillers cannot stop the process of aging. They can, however, temporarily diminish the appearance of wrinkles and soft tissue depressions.

**Procedure:** Filler materials are injected into the skin with a small needle. Multiple injections are required, depending on the location and depth of the treated area. An anesthetic is often used to reduce the discomfort associated with injection. After the first treatment, additional injections are necessary to achieve or maintain the desired level of correction.

**Benefits:** FDA-approved filler materials have been shown to be safe and effective. The results obtained can last from 3 to 12 months or longer depending on the filler material used.

**Risks:** Individuals undergoing cosmetic procedures and treatments must be aware that no medication, device, or procedure is risk-free, and potential benefits and risks must be weighed before undergoing any treatment.

**NORMAL OCCURRENCES DURING TISSUE FILLER INJECTIONS:**

- Although a very thin needle is used, common injection-related reactions are normal and can be expected: These include **bruising, pain or discomfort, swelling, redness, visible needle marks, and itching**. These reactions generally lessen or disappear within the first week after treatment but can persist longer in some individuals. To minimize these reactions, avoid aspirin, non-steroidal anti-inflammatory drugs (such as ibuprofen, Motrin, Advil, Aleve, and Midol), vitamin E, garlic, ginkgo biloba, and other blood-thinning medications for 2 weeks prior to your procedure. The use of cool compresses after treatment can also help to minimize these reactions.
- **Temporary lumpiness** can occur. It may be visible or felt when touching the injected area. These lumps soften and disappear in a matter of several weeks. Rarely, it may be possible to feel or see the injected tissue filler material for longer periods of time.
- **Asymmetry** The human face and eyelid region is normally asymmetrical in its appearance and anatomy. It may not be possible to achieve or maintain exact symmetry with tissue filler injections.
- **Acne-like skin eruptions** can occur following injection of tissue fillers. This generally resolves within several days and can be treated with topical or oral antibiotics if necessary.
- **Short Term Results** Most patients are pleased with their results from injection with fillers. However, as with 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 treatments to achieve the results you seek. As previously noted, there may be swelling, bruising, and redness after injection, which can preclude the ability to evaluate the immediate success of the procedure. After these localized reactions subside, you will be able to make a more accurate assessment. Sometimes, the initial correction is just what you wanted but seems to wane quicker than you expected. Other times, the correction is less than what you had hoped for or expected. In either circumstance, additional treatments may be required to try to meet your expectations. Costs for treatment are based upon the nature of the filler material, the amount injected, and the time required for treatment. Charges for additional and/or subsequent treatments are based upon these same factors.
- **Long Term Results** Treatment with filler injections is not permanent. Over time, as the material is slowly absorbed, wrinkles or soft tissue depressions will reappear. Continuing treatment is necessary to maintain your results, if so desired. Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure or other circumstances not related to filler injections. Filler treatments do not arrest the aging process.

**OVER →**

**COMPLICATIONS:** The following adverse events are uncommon and cannot be predicted.

- **Localized infection and/or abscess formation** - Although infection following injection of tissue fillers is rare, bacterial, viral, or fungal infections can occur. Should any type of skin infection occur, additional treatment including antibiotics might be necessary. If you have a history of cold sores or herpes simplex infection around the mouth area, please inform your doctor as preventive medication may be prescribed before your treatment.
- **Localized skin necrosis** – It is very unusual to experience death of skin and deeper soft tissues (skin necrosis) after injection with fillers. Skin necrosis can produce unacceptable scarring. Should this rare complication occur, additional treatments or surgery may be necessary.
- **Persistent redness, itching, numbness, swelling, and lumpiness** are unusual complications that may last months to years. These reactions are extremely rare. Should they occur, additional treatments including surgery may be necessary.
- **Damage to deeper structures** – Deeper structures such as nerves, blood vessels, and other soft tissues may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent. There have been extremely rare reports of blindness occurring in patients who have had filler materials injected into the mid-forehead region.
- **Allergic and systemic reactions with flu-like symptoms** have been reported to occur in rare instances.

**PREGNANCY AND NURSING MOTHERS:** It is not recommended that pregnant women or nursing mothers receive treatment with injectable fillers.

**ALTERNATIVES:** Filler injection is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in side effects, duration, and results include collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic permanent implants, other synthetic dermal and deep tissue filler products, botulinum toxin (Botox), chemical peels, laser surgery, and plastic surgery.

	PLEASE INITIAL
I have read and understand this consent form.	
I have had the opportunity to ask questions.	
My questions have been answered to my satisfaction.	
I understand the nature of the procedure, alternatives to treatment and why this treatment has been recommended.	
I understand the risks of the procedure as outlined above.	
I understand that it is impossible to predict how I will respond to treatment and that no guarantees have been made regarding my response to the procedure.	
I consent to treatment, if deemed advisable or necessary, with local or topical anesthesia.	
I certify that I am not pregnant, trying to become pregnant, or breastfeeding, and I accept the responsibility for making these determinations.	
I understand that various injectable fillers are FDA approved to treat wrinkles and folds in specific sites such as the nasolabial folds. I understand that injection of these products in other sites is considered "off-label" use.	
Consent for Photography: For the purpose of documenting my progress and response to treatment, I give permission to take photographs that will be kept in my medical record.	
I give permission for the use of my photographs to further medical education.	

**COST AND PAYMENT POLICY:** Since the use of injectable fillers is considered cosmetic, you will be responsible for the cost of treatment. Full payment is due at the time of service. Unfortunately, credit cannot be extended. Please discuss the estimated cost of treatments prior to undergoing the procedure. Your treatment may be more or less than the estimate depending on the number of syringes of material and the material type needed to achieve your correction. If you have any questions, please make sure they are answered to your satisfaction.

**ESTIMATED COST OF TREATMENT:** \_\_\_\_\_

I certify that I have read and understand the contents of this consent form before signing my name below. I hereby freely consent to treatment with injectable filler.

X \_\_\_\_\_ X \_\_\_\_\_  
**Signature of patient or legal guardian** **Date**  
 Witness: \_\_\_\_\_ MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_