

DERMAL FILLER TREATMENT CONSENT FORM

You have requested administration of a Dermal Filler, an FDA approved material used in the correction of moderate to severe facial wrinkles and folds. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks.

Procedure:

1. This product is administered via a syringe, into the areas sought to be improved.
2. Topical anesthesia or dental block may or may not be used.
3. Multiple injections might be made depending on the site or depth of the wrinkle.
4. If the treated area is swollen directly after the injection, ice may be applied.
5. Before and after pictures will be taken to document results.

Risks/Discomfort:

- » Although a very thin needle is used, common injection-related reactions could occur. These could include: some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. **You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil, omega 3s, herbal medicines or use of alcohol.**
- » These reactions generally lessen or disappear within a few days but may last for a week or longer.
- » As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions have been taken.
- » Some visible lumps may occur temporarily following the injection.
- » **Some patients may experience unusual swelling at the injections site and in severe rare occasions, pustules and skin necrosis could occur. Should you have any severe pain and or unusual discoloration of the skin over the next 24 hours after your injections, it is highly imperative that you phone our office immediately for medical advice. There is a physician on call at all times. These unusual cases may need to be treated with corticosteroids and or other therapies.**
- » Most patients are pleased with the results of Dermal Filler use. **However, like 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.** While the effects of a Dermal Filler use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to one year, involving additional injections for the effect to continue.
- » A Dermal Filler should not be used in guests who have experienced hypersensitivity, those with severe allergies, and should not be used in areas with active inflammation or infections (e.g. cysts, pimples, rashes, or hives).
- » If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after Dermal Filler treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of inflammatory reaction at the implant site.
- » After treatment, you should minimize exposure to excessive UV lamp exposure or sunlight until any initial swelling, redness or bruising has gone away.

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Benefits:

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. Its effects, once the optimal location and pattern of cosmetic use is established, can last 6 months or longer without the need for re-administration.

Alternatives:

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: Animal-derived collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic silicone permanent implants, or bacterial toxins that can paralyze muscles that cause some wrinkles.

I acknowledge that I am obligated to follow *Zinnia Aesthetics & Anti-Aging Clinic* instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form.

There is no chance that I might be pregnant and I have informed my physician/provider of any allergies PRIOR to procedure.

I consent to this treatment today and my treatment today will be performed by Anteneh Roba, MD.

Print Name: _____ Signature: _____ Date: _____