Fillers Informed Consent Form

Restylane, Juvederm, Perlane, Radiesse, Beloterro

Monica Scheel MD Dermatology

Please read the following carefully.

Instructions

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 Hyaluronic acid or Calcium Hydroxylapatite dermal for facial wrinkles and folds, contour defects, and/or lip enhancement. If you have any questions, please ask the physician or nurse.

Introduction

Hyaluronic acid or Calcium Hydroxylapatite treatments involve injection of purified Hyaluronic acid or Calcium Hydroxylapatite into the skin to fill wrinkles and restore volume. No skin testing is needed prior to treatment. Just like natural hyaluronic acid or Calcium Hydroxylapatite, injectable Hyaluronic acid or Calcium Hydroxylapatite eventually loses its form and wears down. While the effects of injectable Hyaluronic acid or Calcium Hydroxylapatite can last 6 months or longer, the procedure is still temporary. Ongoing treatments are required to maintain the improvements achieved with Hyaluronic acid or Calcium Hydroxylapatite . However, due to various factors that influence Hyaluronic acid Calcium Hydroxylapatite breakdown, no guarantees can be made regarding how long correction will last in a specific patient.

Alternative Treatment

Alternatives to Hyaluronic acid treatments or Calcium Hydroxylapatite include, but are not limited to, other dermal fillers (e.g. collagen, fat, synthetic polymers), laser resurfacing, surgical facelift, lasers for skin laxity, or no treatment at all.

Patients who may be eligible for Hyaluronic Acid treatments

Patients with the following conditions may not receive Hyaluronic acid or Calcium Hydroxylapatite treatments: previous allergic reactions to injectable Hyaluronic or Calcium Hydroxylapatite products, history of a serious allergic reaction (anaphylactic), multiple severe allergies, abnormal raised scarring or keloid formation, active inflammation or infection in the treatment area (e.g. pimples, herpes, rash, hives), 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) and long-term use of Prednisone or other steroid therapy. Recurrent viral infections such as herpes simplex (cold sores) may be activated by Hyaluronic or Calcium Hydroxylapatite treatments. The physician or nurse must be notified of these conditions prior to treatments. Aspirin, ibuprofen or fish oil must be stopped one week prior to treatment to decrease bruising.

Risks

The possible risks, side effects, and complications with Hyaluronic acid or Calcium Hydroxylapatite treatment include, but are not limited to:

- Pain and tenderness during and after treatments at/around the treated site which typically resolves within a few days to a week.
- Redness and swelling at/around the injection site is common. Itchiness may also occur. These reactions are generally present immediately after treatment and lesson or disappear within a few days to 1 week. Some patients may experience prolonged swelling and/or tenderness or pain at the injection site lasting up to 2 weeks. On rare occasions pustules (acne-like lesions) may form. The physician or nurse must be notified if symptoms persist for more than 1 week, if pustules are present, or symptoms appear in a delayed fashion after the treatment.
- Bruising usually resolves within 3-4 days after the injection. Patients taking medications that interfere with coagulation (e.g. aspirin, ibuprofen, Vitamin E, Fish Oil, alchohol) have an increased risk of bruising and bleeding.
- Infection at the treated site from poor hygiene.

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Please read the following carefully.

Risks (Continued)

- Although extremely rare, local tissue damage can occur with skin breakdown, scab formation, and/or scarring in the treated area.
- 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 weeks (rarely).
- Failure to reduce a contour defect or wrinkle (under correction) or overcorrection. Placement of filler adjacent to or outside of the desired treatment area; undesired changes in facial contour. Asymmetry, where the correction of 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.
- Hyaluronic acid or Calcium Hydroxylapatite may have an unpredictable duration of action and may not last as long as anticipated or may persist in some areas longer than anticipated.
- A remote and rare risk is that of injecting Hyaluronic acid or Calcium Hydroxylapatite into a blood vessel, which can block flow in the treated area or in distant areas causing tissue damage.
- All the risks of Hyaluronic acid or Calcium Hydroxylapatite may not be known. Dr. Monica Scheel is not responsible for any Hyaluronic acid or Calcium Hydroxylapatite risk or unforeseen complication not yet discovered or not commonly known.

Disclaimer

Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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.

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Fillers Informed Consent Form (continued)

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1. I consent to administration of any related treatments that may be deemed necessary or advisable for my procedure. This includes, but is not limited to, local anesthetic such as anesthetic injections with lidocaine 1%-2% with or without epinephrine; and/or topical anesthetics such as benzocaine/lidocaine/tetracaine cream or ointment; and/or topical oral benzocaine preparations. The risks, side effects, complications of these anesthetics include, but are not limited to, skin irritation (itching or redness), lightheadedness, rapid heart rate, visual disturbances, tongue numbness. I will inform the physician or nurse immediately if I experience any of these symptoms. I do not have an allergy to lidocaine, epinephrine or anesthetics. I understand Hyaluronic acid or Calcium Hydroxylapatite treatments refer to Hyaluronic acid or Calcium Hydroxylapatite injections and any related treatments.
2. There is no guarantee that wrinkles and folds will be reduced. I understand that I may require additional treatments to achieve correction.
3. I understand that the fees for Hyaluronic acid or Calcium Hydroxylapatite treatments are not covered by insurance. Should I require a touch-up treatment, I am responsible for the cost of that additional treatment.
4. I have fully read and agree to adhere to the pre-treatment and post-treatment instructions. I understand that failure to carefully follow these instructions may affect my treatment outcome and increase the likelihood or severity of complications.
5. I authorize the taking of clinical photographs. Their use is for documentation of my 'before' features.
6. I have fully disclosed all of my medical history. I understand that it is my responsibility to inform and update the physician or nurse of any change in my health status and medical history.
7. I understand that I must stop aspirin, ibuprofen or fish oil one week prior to treatment to decrease bruising.
8. 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 including 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 or Calcium Hydroxylapatite treatment.
9. I consent and authorize a trained physician or physician's assistant of Dr. Monica Scheel to perform Hyaluronic acid or Calcium Hydroxylapatite treatments. This consent shall apply to all Hyaluronic acid or Calcium Hydroxylapatite treatments.
10. If I have any questions or problems after treatments, I will call Dr. Monica Scheel at (808)329-1146.
11. THE INFORMATION HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    - THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
    - THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
    - THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED
    - THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-11). I AM SATISFIED WITH THE EXPLANATION.

Patient Name (Print)	Patient Signature	Date
	Witness Signature	Date