

## **Patient Consent for Treatment with Hyaluronic Acids**

(Sugar Based Fillers)

The products mentioned above are sterile gels consisting of non-animal stabilized hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds in the United States. In addition these products have been used to enhance the appearance and fullness of lips in over 60 other countries.

Dr. Roham or his assistant has explained the use of and indication for use of Hyaluronic Acid. I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following: after the injection some common injection-related reactions might occur, such as swelling, redness, pain, itching, bruising, skin discoloration and tenderness at the implant sight. They typically resolve spontaneously within 2-4 days after injection into the skin and within a week after injection into the lips. Other types of reactions are very rare, but about 1 in 5,000 treated patients have experienced localized reaction thought to be of a hypersensitivity nature. These have usually consisted of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness, and rarely acne-like formations have also been reported. The onset of these reactions has occurred one to several weeks after the initial treatment. The average duration of this effect is 2 weeks.

Dr. Roham or his assistant has informed me that, depending on the area treated, skin type and the injection technique, the effect of a treatment with one of these Hyaluronic Acids vary. The estimated duration for Restylane is approximately 4-6 months; Juvederm estimated duration is 9-12 months. Touch-up and follow-up treatments help sustain the desired degree of correction.

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the "Post-Treatment Checklist". Its contents have been explained to me and I will follow the advice given. I have been given a copy of this consent.

I consent to be treated with any one of these Hyaluronic Acids and I agree with and understand the statements initialed on the reverse side of this page.

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Print Patients Name

Patients Signature

Date

**CONSENT AND RELEASE FOR HYALURONIC ACID INJECTIONS (see page one)**

\_\_\_\_\_ I understand these products are made from Hyaluronic acid and are used as temporary filling agents for lines and wrinkles and to augment soft tissues of the face.

\_\_\_\_\_ I understand I may get temporary redness, bruising, itching and scabbing at or around the injection sites.

\_\_\_\_\_ I understand that there have been reports of large swellings at or around injection sites that occur several weeks/months after the injection, and may persist for many months (the incidence appears to occur less than 1% of the time).

\_\_\_\_\_ I understand that the swellings may also occasionally lead to permanent scars at or around the injection sites.

\_\_\_\_\_ I understand that there may be additional risk and or complications which remain unknown at this time, and as medicine is not an exact science we can make no guarantees as to duration of product in your procedure.

\_\_\_\_\_ I understand that additional injections may be needed to achieve the desired affect. I will be responsible for any additional costs.

\_\_\_\_\_ I understand that this is an elective/cosmetic procedure. No guarantees are made regarding the efficacy or duration of this treatment.

\_\_\_\_\_ I have read and understand all of the issues listed above. I have had ample opportunity to discuss these issues, and all questions have been answered to my satisfaction. I understand that there are other alternative treatments that I could undergo and I elect to receive Hyaluronic Acid injections.

I accept all of the above mentioned risks of receiving the treatment and request and authorize Dr. Roham to treat me with Hyaluronic Acid injections.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date