

ADELAIDE SKIN & EYE CENTRE

DermaL Filler Informed Consent Form – Modified for Website Display

It is important that you are informed about your skin condition and proposed treatment including the potential benefits and risks involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent to the treatment program.

I _____ of (address) _____

_____ have requested that _____

attempt to improve my facial appearance with a dermal filler treatment (brand disclosed at consultation). The injectable gel is made of Hyaluronic acid (HA) in the form of a gel. Hyaluronic acid is a natural substance (a complex sugar) that stabilises the skin structure, attracts & binds water, and contributes to the elastic properties of the skin that allow it to remain tight. Injections of Hyaluronic acid into the skin are thought to replenish its natural support structures damaged by aging. Dermal fillers are commonly used for filling in facial wrinkles and hollows, restoring facial volume to areas such as the cheeks and for lip augmentation.

Over time, the dermal filler is gradually & naturally degraded in the human body. The effect of the dermal filler generally lasts for at least six months and in many circumstances longer. Follow-up treatments are needed to maintain the effects of the dermal filler.

Your doctor has prescribed a dermal filler (brand appropriate consent issued at consultation) injectable gel which may or may not contain a local anaesthetic (0.3% lidocaine). Lidocaine is added to the formulation to increase comfort during injection and treatment. Your doctor will inform you which dermal filler formulation has been prescribed for your treatment.

You should not apply make-up for 12 hours after the injection and should avoid prolonged exposure to sunlight, UV light, freezing temperatures or using saunas or Turkish baths for two weeks after the injection. You should also avoid massaging and/or putting pressure on the injection site for a few days following treatment.

Injections of dermal filler may cause some of the risks listed below. Although the risk of developing a serious complication is small, your doctor will monitor you closely, and, should a complication occur, they will use their best medical judgment to do whatever is necessary to treat the problem.

Risks associated with the use of a dermal filler treatment are redness, swelling, bruising, tenderness or itching sensation in the treated area. These common side effects typically resolve within a few days. Occasional cases of bumps and pimples, sometimes accompanied by redness, may occur a few days to a few weeks after the injection. These common side effects are temporary and generally disappear spontaneously in a few days. Very rare cases of reversible discolouration at the injection sites have also been described after Hyaluronic acid injections. In addition, rare cases of abscess (hard and swollen sore that may contain pus), granuloma (small accumulation of tissue) and blocking of blood vessels causing damage to surrounding skin have been reported. If you experience any inflammatory or other reactions that last more than 1 week, you should notify your doctor immediately. If necessary, appropriate treatment may be prescribed.

If you have previously had a dermal filler (permanent or non-permanent) implanted you should notify your doctor prior to receiving additional treatment. The possibility of unknown risks exists. The safety of dermal filler (brand to be disclosed) for use during pregnancy, in breastfeeding females or in patients under 18 years has not been established, therefore this filler should not be used under these circumstances. Please notify your doctor if you have epilepsy, porphyria (enzyme disorder), any allergies (including hypersensitivity to hyaluronic acid or lidocaine), an autoimmune disease, a tendency to develop keloid scarring or are taking any medications (including anti-coagulant treatment or aspirin in high doses), herbal or vitamin supplements.

The practice of medicine is not an exact science and no guarantees can be or have been made concerning the expected results. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this dermal filler (brand disclosed at consult) injection procedure today and for all subsequent treatments.

Patient's Signature: _____ Date: _____

Injecting Practitioner's Signature: _____ Date: _____

PLEASE TAKE THE TIME TO READ THIS CAREFULLY AND TO UNDERSTAND ANY ACCOMPANYING INFORMATION.