Injectable Informed Consent

Name:_____ **Date of birth**:_____

As a patient, you have the right to be informed about your condition and any recommended treatments, so you may decide whether or not to undergo any particular procedure. This disclosure is an effort to help you to be informed, that you may give or withhold your consent accordingly. As with any cosmetic procedure, you should not receive treatment if your expectations are not achievable.

DERMAL FILLERS:
The dermal fillers used here are sterile, clear, colorless gel implants made of chemically modified hyaluronic acid derived from Streptococcus bacteria. Fillers are injected just beneath the skin surface, temporarily adding volume to the layers of the skin that have deteriorated due to age and other factors. They are used to raise depressions in the skin, providing temporary correction of wrinkles and folds. The highly purified natural hyaluronic acid is gradually absorbed by your body through natural mechanisms. Hyaluronic acid is a naturally occurring substance found in the fluids surrounding our cells and tissues, and the fillers are chemically, physically, and biologically similar to what our own bodies produce.

Fillers have been approved by the U.S. Food and Drug Administration for injection into the skin for correction of moderate to severe facial wrinkles and folds. Some uses of filler are considered off-label, or not specifically approved by the FDA. Other commonly accepted examples of off-label use of medications include aspirin for prevention of heart disease and retinoids for skin care. It is important you understand these uses are not experimental, and your Physician + Physician Assistant team believe them to be safe and effective.

Over time, fillers will be absorbed by the body, and patients should expect ongoing treatments to maintain desired results. If a patient chooses not to continue subsequent treatments, the filler is simply absorbed by the body over time, and the skin gradually returns to its natural shape.

I understand the risks of dermal filler injections include, but are not limited to:
Bleeding and bruising, swelling, redness, needle marks, acne-like skin eruptions, skin lumpiness, visible filler material, asymmetry, pain, infections, damage to deeper structures, skin necrosis, granulomas, allergic reactions, antibodies to hyaluronic acid, accidental intra-arterial injection leading to tissue necrosis and possible blindness, under/over correction, drug and local anesthetic reactions, unsatisfactory result, migration, unknown risks, and complications to pregnancy or nursing. Hyaluronic acid fillers may be dissolved by injection of an enzyme, kept on-site, in the event of complications or undesired results.

NEUROMODULATORS:
Clostridium botulinum bacteria produce a class of chemical compounds known as neurotoxins. These neuromodulators are processed and purified to produce a sterile product suitable for specific therapeutic uses. Once the diluted toxin is injected, it produces a temporary weakness of muscle by preventing transmission of nerve impulses to the muscle, thereby reducing the wrinkles associated with contraction of the muscle.

The neuromodulator solution is injected with a needle into the skin and muscle, and results develop over the next two to fourteen days. A decreased appearance of frowning and creasing of skin lines, and/or a change in specific facial contractions are the expected result of neuromodulator treatment. The duration generally lasts approximately three months, and continuing treatments are necessary in order to maintain the desired effect over time.

In addition to other medical uses, in April 2002, the FDA approved botulinum toxin for the cosmetic treatment of forehead wrinkles caused by specific muscle groups. Other areas of the face and body, such as crow's feet wrinkles or neck bands may be treated in an off-label fashion. Neuromodulators cannot stop the process of aging and may not completely eliminate the appearance of wrinkles. They can, however, temporarily diminish the look of wrinkles caused by contraction of specific muscle groups.

I understand the risks of neuromodulator injections include, but are not limited to:
Incomplete Block, Bleeding and Bruising, Damage to Deeper Structures, Corneal Exposure Problems, Dry Eye Problems, Migration of Neurotoxins, Drooping Eyelid, Double Vision, Eyelid Ectropion, Other Eye Disorders, Blindness, Asymmetry, Pain, Allergic Reaction, Antibodies to Neurotoxins, Infection, Skin Disorders, Neuromuscular Disorders, Migraine Headache Disorders, Unsatisfactory Result, Long Term Effects, Pregnancy and/ or nursing complications, Drug Interaction, and any other Unknown Risks.

On the day of treatment, patients should avoid strenuous exercise, being upside-down, extensive sun or heat exposure, alcoholic beverages, or lying flat for 2-3 hours, as exposure to these may cause bruising, temporary redness, or swelling at injection sites.

PHOTOGRAPHS:
I authorize Chris Lavers, PA-C or his assistant to take photographs for diagnostic purposes and to record baselines and results for my medical record. I understand these photographs will remain private and confidential unless my express consent is given for other specific use.

I agree this constitutes full disclosure, and it supersedes any previous verbal or written disclosures. I have read and fully understand the above paragraphs, and I have had sufficient opportunity for discussion and questions. I consent to Dermal Filler and/or Neuromodulator treatment today and for all subsequent treatments unless I withdraw my consent.

I understand the practice of medicine is not an exact science, and results cannot be guaranteed. I acknowledge no guarantee has been made by anyone regarding the procedure I have requested and authorized. The goal of treatment is improvement in my appearance; however, I understand the results may not live up to my expectations, and I may be dissatisfied with the results. I acknowledge that no refunds or credit will be given for dissatisfaction or undesirable results.

Patient Signature: _____**Date**: _____

Witness: _____**Date**: _____