

pelle — spa

Informed Consent for Dermal Fillers

Full Name _____ Age _____ Date _____

Injectable dermal fillers (JUVEDERM ULTRA, JUVEDERM ULTRA PLUS, JUVEDERM VOLUMA, JUVEDERM VOBELLA, JUVEDERM VOLLURE, RESTYLANE-L, RESTYLANE LIFT, AND **REVANESSE VERSA PLUS**) are gels of hyaluronic acid generated by non-animal proteins. There is no necessity for skin testing prior to receiving injections, as allergic reaction is very unlikely. Dermal filler is indicated for implantation into mid to deep dermal layers of the skin in order to temporarily provide correction of moderate to severe facial wrinkles and folds. Dermal fillers have been shown to provide correction to the injection sites, on average, 6-9 months. Dermal fillers have been FDA-approved for correction of moderate to severe facial wrinkles and skin folds in patients, and the correction of contour deficiencies, such as wrinkles and acne scars. Dermal fillers should not be used by patients with severe allergies or a history of anaphylaxis, pregnant or nursing, under the age of 18, in areas of active infection or sores, or on immunosuppressive therapy.

The risks involved in receiving dermal filler injections include inflammation at the injection site, demonstrated as redness, swelling, bruising, tenderness, and possible itching. If laser treatment, chemical peels or any other procedures based on active dermal response is considered after treatment, there is a possible risk of eliciting an inflammatory reaction at the implant site. Without touch-up injections, the correction will subside gradually and your skin will look as it did before treatment. Patients using substances that reduce coagulation, such as aspirin and NSAIDS may experience increased bleeding with resulting bruising at the injection site. Other risks may include temporary local pain, redness, and itching, temporary skin discoloration, bruising and swelling in the treated area, and infection. Additional side effects are possible, but none have been observed or are known of at this time. You should contact your provider immediately should any unusual side effects occur. As with any injection procedure, there exists the risk of side effects. These risks have been explained to me in detail. I have read the above information and have had the procedure explained to me by the provider whom is certified to administer dermal fillers. I understand the success of this procedure cannot be guaranteed and I am aware of the benefits and risks associated. I give my consent to treatment with dermal fillers.

- My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.
- I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.
- I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for marketing and/or literature.
- I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.
- I have been given and have read and understand the pre- and post-care instructions

I am aware that it is my responsibility to inform Pelle Spa providers of my current medical conditions. I agree to abide by the above policy statements. I understand that, as with any cosmetic procedure, individual results may vary and that NO refunds will be given. I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if i choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

Signature

_____ Date _____

Signature of Parent/Guardian (if patient is under 18)

_____ Date _____

Provider Name and Signature

_____ Date _____

*This consent is good for one year.