



Embrace

BODY & IMAGE

Hyaluronic Acid Filler Consent

Hyaluronic Acid is a naturally occurring sugar that is found within various soft tissues of all mammals. The role of hyaluronic acid in the skin is to deliver nutrients, to hydrate the skin by holding water, and to act as a cushioning agent. Hyaluronic Acid Fillers (HA Fillers) are able to provide lasting results due to the ability of their molecules to retain many times their weight in water, which provides prolonged results even while the filler material is being absorbed by the body. It is synthetically produced for use as injectable soft tissue filler.

Within this practice, HA Fillers are used to treat the FDA approved areas where there are moderate to severe wrinkles and folds and to add volume and smooth the face. Additionally, within this practice, HA Fillers are used to treat the non-FDA approved areas of the tear troughs, cheeks, lips and chin for the purpose of volume augmentation. Results from HA injections typically last anywhere between six to twelve months.

As with any medical procedure, there are associated risks. The risks associated with Hyaluronic Acid Fillers include but are not limited to:

- Redness and pain/tenderness at the injection site(s)
- Bruising and swelling at the injection site(s)
- Bleeding at the injection site(s)
- Firmness at the injection site(s)
- Uneven appearance (lumps/bumps) at the injection site(s)
- Visible filler material in areas where the skin is thin
- Itching
- Asymmetry
- Discoloration
- Migration of product away from the area originally injected
- Injection to the lips could provoke an outbreak of cold sores in patients with a history of cold sores
- Damage to deep structures such as nerves, blood vessels and soft tissue that can be temporary or permanent in nature
- Amount of product agreed upon for treatment may not fully correct the facial defect
- Infection (risk is increased in patients who are undergoing immunosuppressive therapy)



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You should NOT undergo treatment with HA Fillers if you have any of the following conditions:

- Severe allergies marked by a history of anaphylaxis or history or pressure of multiple severe allergies
- Patients with a history of allergies to Gram-positive bacterial proteins
- You are pregnant or breastfeeding

I do hereby authorize, Embrace Body & Image, to treat me with any of the Hyaluronic Acid Filler products discussed and agreed upon during my appointment.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to the administration of local anesthesia (regional nerve blocks, direct infiltration or topical) to diminish discomfort of injection.

I consent to the photographing of the procedure to be performed, including appropriate portions of my body for medical, scientific or educational purposes.

I acknowledge that I am responsible for the clinical decision made along with the financial costs of all future treatment to revise, optimize or improve outcomes.

The following has been explained to be in a way that I can understand:

- The treatment or procedure to be undertaken
- Any alternative methods of treatment
- The risks associated with the procedure

[print patient's name]

[Date]

[patient's signature]