



Consent Form

I understand I will be injected with one or more of the following medications: Botox, Dysport, Jeuveau, Juverderm, Restylane, Revanesse, Kybella, Sculptra, Asclera, Hylenex other:

Risks and Complications include but are not limited to:

1. Bruising, redness, swelling, itching and pain. These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, Warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.
2. Nodules and palpable material. You may be able to feel the filler material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.
3. Migration. Product may move from the place where it was injected.
4. Infection. All transcutaneous procedures carry the risk of infection.
5. History of Herpes Infection. All procedures carry the risk of a recurrence of an outbreak of herpes and that outbreak could be severe in nature.
6. Allergic Reactions. Although rare, seek immediate medical attention if suspected allergic reaction occurs.
7. Keloids/Scarring. Known susceptibility to keloid formation or hypertrophic scarring has not been studied.
8. Accidental Injection into a blood vessel. Product can accidentally be injected into a blood vessel, which may block the blood vessel and cause local tissue damage or potentially even a heart attack, stroke, or blindness.
9. Duration of Effect. The outcome of treatment will vary among patients. In some instances, additional treatments may be necessary to achieve desired outcomes.
10. It is not recommended that you have the above injections if you are nursing or pregnant.
11. Product(s) may cause muscles weakness, droopy eyelids/brows, facial asymmetry and permanent muscle tone loss with repeated injection.
12. One or all of these products may be injected in an area that is considered off label. Off label use of these products have not been studied for efficacy or safety.

These risk are not meant to be inclusive of all possible risks associated with the medications listed above as there are both known and unknown side effects of the medication(s) or procdure(s).

I understand that there is no guarantee of any particular results of any treatment and off label use of these products has not been studied for safety or efficacy. All services rendered will be charged directly to me and I am personally responsible for payment. By signing below, I acknowledge that I have read the foregoing informed consent, I am 18 years of age or older, have had the opportunity to discuss any questions that I have with my provider to my satisfaction, and consent to the treatment(s) described above with its associated risks. I hereby release the doctor, nurse and the facility from liability associated with this procedure and all subsequent procedures.

Print Name _____ Date: _____

Patient Signature _____

Provider Signature _____