***\Juvederm Consent Form (includes Juvederm Ultra 2,3 4, Juvederm, Volbela, Vollift, voluma, Volux and Volite)***

***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I will be injected with Juvederm, hyaluronic acid dermal filler, one of the listed above which was discussed by the surgeon injecting it in details. Area/s of injection is/are:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Juvederm in any of its variants is dermal filler approved by the United States Food and Drug Administration for the correction of moderate-to-severe facial wrinkles and folds, such as nasolabial folds. Injections in areas other than the nasolabial folds, while common, are considered an off-label use.***

***Risks and complications that may be associated with Hyaluronic Acid (HA), Dermal Filler and the injection procedure include, but are not limited to:***

***\_\_\_\_\_\_\_\_ 1. Facial Bruising, Redness, Swelling, Itching and Pain: I understand that there is a risk of bruising, redness, swelling, itching and pain associated with the procedure. 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: I understand that there is a risk that small lumps may form under my skin due to the filler material collecting in one area. I also understand that I 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. The filler on occasions maybe visible and cause a blue tinge to the skin called the Tindal effect.***

***\_\_\_\_\_\_\_\_ 3. Accidental Injection into a Blood Vessel: I understand that Dermal Filler can be accidentally injected into a blood vessel, which may block the blood vessel and cause damage of potentially large areas of distant tissue, or potentially even a heart attack, stroke or blindness. Damage to the skin causing necrosis of the skin has been also reported.***

***\_\_\_\_\_\_\_\_ 4. Infection: As with all transcutaneous procedures, I understand that injection of any filler material carries the risk of infection. This infection can lead to chronic discharging sinus and extensive scarring.***

***\_\_\_\_\_\_\_\_ 5. History of Herpes Infection: I understand that there is a risk that injection of any filler material carries the risk of a recurrence of an outbreak of herpes (fever blisters/cold sores/shingles) and that the outbreak may be severe in nature. I have disclosed to the health care provider my medical history and, in particular, disclosed prior herpes outbreaks.***

***\_\_\_\_\_\_\_\_ 6. Allergic Reactions: I understand that Dermal Filler should not be used in patients with severe allergies, a history of anaphylaxis, or history or presence of multiple severe allergies or hypersensitivity to any of the ingredients in Dermal Filler, especially gram-positive bacterial proteins and hyaluronic acid.***

***\_\_\_\_\_\_\_\_ 7. Migration: I understand that Dermal Filler, as with any filler material, may move from the place where it was injected.***

***\_\_\_\_\_\_\_\_ 8. Duration of Effect: I understand that the outcome of treatment with Dermal Filler will vary among patients. In some instances, additional treatments may be necessary to achieve the desired outcome, which was discussed with the surgeon and will carry an additional cost.***

***\_\_\_\_\_\_\_\_ 9. Concomitant Dermal Therapies: I understand that the safety of Dermal Filler with concomitant dermal therapies such as epilation, UV irradiation, or laser, mechanical or chemical peeling procedures has not been evaluated in controlled clinical trials.***

***\_\_\_\_\_\_\_\_ 10. Keloids/Scarring: I understand that the safety of Dermal Filler in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.***

***\_\_\_\_\_\_\_\_11. Pregnancy/Age: I understand that the safety of Dermal Filler for use during pregnancy, in breastfeeding females or in patients under 21 years of age has not been studied.***

***\_\_\_\_\_\_\_\_ 12. Recurrent Sore Throat/Osler Rendu: I understand that the safety of Dermal Filler in patients with known susceptibility to recurrent sore throat, or Osler Rendu endocarditis has not been studied.***

***\_\_\_\_\_\_\_\_ 13. Interactions: I understand that the interaction of Dermal Filler with drugs or other substances or implants has not been studied.***

***\_\_\_\_\_\_\_\_14. In some patients with inflammatory bowel disease there may be an increased risk of complications with facial fillers and skin manifestations. Also there is an increased risk of complications of medications utilised in the treatment of these conditions e.g. Pentasa. These complications include bleeding, bruising and swelling which may become chronic.***

***\_\_\_\_\_\_\_\_ 15. More recently with the advent of COVID-19 virus and vaccination there has been reports of incidence currently 0.5% reaction to the vaccine with facial fillers causing facial swelling, and angio-oedema of the lip/lips. Most of these swelling have resolved on their own, however, some warranted the use of oral steroids and antihistamines. Nonetheless, as the vaccine is only on the market***

 ***relatively recently further risks and potential complications can arise including from the virus infection itself, which can cause the same, if not worse.***

***\_\_\_\_\_\_\_\_16. In the event where swelling has pre-existed in the face areas in front of the cheek bones and under the eyes or elsewhere these could happen again and may even be worse than originally existed. Treating them may be difficult and they may be persistent causing cosmetic poor look.***

***\_\_\_\_\_\_\_17. In patients who opt to stay taking antidepressants like citalopram or Sertraline and other similar medications will have a higher risks of bleeding and bruising.***

***\_\_\_\_\_\_\_18. In some patients swelling can appear in the areas treated in the face as a result of the treatment with dermal filler, delayed hypersensitivities reactions which will warrant further treatments including dissolving the fillers.***

***Any pre-existing inflammatory condition and/or swelling in the face is likely to become worse and can also become chronic with associated chronic pain. Dissolving the product although possible it does necessarily reduce the effects or symptoms.***

***The facial filler can cause a blue discolouration to the skin, which will warrant injection of hylase to dissolve the filler and also the facial filler as was clearly explained to me may not achieve my expectations and I fully understand this. I also understand that the treatment in the majority of patients is staged.***

***The above list is not meant to be inclusive of all possible risks associated with Dermal Filler or dermal fillers in general, as there are both known and unknown side effects and complications associated with any medication or dermal filler injection procedure. I understand that medical attention may be required to resolve complications associated with my injection.***

***I understand that I should minimize exposure of the treated area to the sun, heat and extreme cold weather for approximately 24 hours after treatment or until any initial swelling or redness goes away and puncture sites have healed.***

***I have discussed the potential risks and benefits of Dermal Filler with my health care provider. I understand that there is no guarantee of any particular results of any treatment.***

***I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/ or court costs and reasonable legal fees, should they be required. By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my doctor to my satisfaction, and consent to the treatment described above with its associated risks. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the doctor, the person performing the Dermal Filler injection and the facility from liability associated with this procedure.***

I agree to have photographs taken YES\_\_\_, No\_\_\_

I agree to allow the use of these photographs for:

Scientific publication and presentations, Yes\_\_\_, No\_\_\_

Informative talks, Yes\_\_\_, No\_\_\_,

Internet publications Yes\_\_\_, No\_\_\_

I agree to have video recordings taken Yes\_\_\_\_, No\_\_\_

I agree to allow the use of these videos for:

Scientific publication and presentations, Yes\_\_\_, No\_\_\_

Informative talks, Yes\_\_\_, No\_\_\_,

Internet publications Yes\_\_\_, No\_\_\_

**Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgeon Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**