

**FILLER INJECTION (Radiesse, Restylin, Juvederm, Others)  
INFORMED CONSENT**

**Reason/Benefits:** For the treatment of deep wrinkles and lines. Also for augmentation and chemical face lift. Filler is a synthetic chemical agent used to correct lines, wrinkles, argument, and lift sagging of the face. With succession of treatment, Filler injection will make your skin appear softer and smoother.

**Risks, side effects, and complications:** pain, swelling, bleeding, bruising, infection, scar, and ineffective treatment. There is a small chance for Filler to migrate to unwanted areas. This is more likely if there is rubbing, massage, or overactive movements of the muscles around the injected area. Also, migration of products is more prominent in older patients because of laxity and looseness of the skin.

**Alternative to Filler:** Obagi Nuderm, AFA, Retin A, microdermabrasion, chemical peels, cosmeceuticals, maintenance skin care products (Vitamin C, exfoliant, and sun screen), and ablative laser treatments.

**Frequency and duration:** Filler generally lasts for 6-12 months and needs to be repeated to maintain effects.

**Treatment:** Filler is injected with a small needle using a small volume as a bolus injection. Injections are done to target lines, wrinkles, and to augment, or lift face.

**Duration of treatment:** About 20-30 minutes for each body part.

**Post treatment precautions:** Avoid sun exposure/ tanning booths and wear sun screen on a daily basis to minimize sun damage to your skin. Use topical Vitamin C to prevent sun damage and to stimulate growth and formation of collagen and elastin. We recommend Ascoderm products.

Do no rub, massage, or overexert for 2-3 days following Filler injection. You might also want to reduce caffeinated beverages intake to reduce the chance of bruising/bleeding. Using Arnica and Vitamin K will help reduce effects of swelling and bruising/bleeding

**Post treatment expectation:** You should see an immediate effect following Filler injection. We generally do conservative treatment and do not try to overfill. You might require touch up treatments. Please call our office at 510-226-8832 if you need advice.

I, \_\_\_\_\_, consent to the treatment known as the Filler injection. This treatment has been explained to me and I have had the opportunity to ask questions regarding the procedure. I understand that these treatments are not an exact science and the degree of my improvement is variable.

By my signature below, I acknowledge that I have read the information and consent and that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and I wish to proceed with the Filler injection.

I have been informed and understand that my treatments will cost \$ \_\_\_\_\_ per treatment. I also understand that any appointment that I make that is not cancelled within 48 hours I will be charged a (\$50 or forfeiture of one of the treatment) no show fee.

**Patient Name (print):** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_