



Consent for Dermal Filler Treatment

(Restylane®, Perlane®, Juvederm®, Teosyal®)

The use, indications, contraindications, and potential adverse effect of treatment with the above mentioned dermal fillers (DFs) have been explained to me. I understand the information provided. I have discussed the risks and benefits of treatments with dermal fillers with my physician and I have received satisfactory answers. I have been informed of the cost of the procedure and payment options.

I clearly understand that:

The DFs are cross-linked hyaluronic acid of non-animal origin.

The DFs are injected via a syringe in to the dermis (skin) to temporarily correct fine lines, wrinkles, and contours of the face or to temporarily increase the volume of the lips or other areas.

DFs provide correction for an average of 6 to 9 months. The effect varies depending on the type of skin, areas of injection, amount injected and the injection technique.

The longevity of the DFs in the lips may be reduced because of high vascularisation of the lips.

A touch-up procedure a few weeks after the first injection may help increase the persistence and optimise results.

A local anesthetic may be administered as necessary by the Physician.

I clearly understand that after injection of the DFs, there are some potential side effects which include and may not be limited to:

Inflammatory reactions such as redness, bruising, oedema, which may be accompanied by stinging, pain or pressure, may occur. These reactions may last up to one week or longer.

Swelling or nodules may develop at the injection site

Rare cases of discolouration at the injection site have been reported

Rare cases of necrosis (dead skin), abscess, granuloma or hypersensitivity reactions have been described in the literature after injection of hyaluronic acid

Persistence of inflammatory reactions of more than once a week or the development of any other side effect must be reported to the clinic as soon as possible

Increased bruising or bleeding at the injection side may occur if using acetylsalicylic acid, aspirin or ibuprofen as well as other medications of herbal product I have informed Revive Cosmetic Treatments if I have a history of cold sores/herpes

I have informed Revive Cosmetic Treatments of my medical history and all medication (including herbal) that

I am currently taking and I clearly understand that I cannot be treated with any of the above dermal fillers:

If I am pregnant or breast-feeding

In areas presenting with inflammatory and/or infectious skin problems (acne, etc.)

If I have a past history of autoimmune disease

If I am receiving immunotherapy treatments

If I have a known hypersensitivity to hyaluronic acid

If I have had Dermalive®/Dermadeep® in the past

If I am undergoing laser therapy, chemical peeling or dermabrasion

If I have a tendency to develop hypertrophic/keloid scars

Name of Patient and Patient Signature

Name of Witness and Witness Signature