



About dermal fillers treatment

This document describes what you need to know before and after receiving dermal fillers such as Radiesse and Juvéderm. Should you have any unanswered questions, our staff can answer them at your in-person consultation. (Restylane is a registered trademark of Q-Med. Juvéderm is a trademark of Allergan.)

Before treatment

What does it do?

This treatment can:

1. smooth skin folds and wrinkles
2. add volume to the lips
3. contour facial features that have lost their fullness due to aging, sun exposure, illness, etc.

Treating wrinkles with these dermal fillers is fast and safe and leaves no scars or other traces on the face. Results will vary from person to person. We cannot guarantee how long the results will last, how much of an improvement there will be, or how painless the treatment will be.

This treatment is not permanent. For most persons, results last between 4 and 12 months before retreatment is required to maintain the results.

What is the treatment process?

Dermal fillers are injected into the skin with a very fine needle and produce a natural volume under wrinkles, which are lifted and smoothed. The results can often be seen immediately.

1. *Before injection:*
 - a. Injection areas are washed with antiseptic solution.
 - b. At the doctor's discretion, medicine might be used to numb the injection areas to reduce discomfort of the injection.
2. Dermal filler is injected into areas of the face. The depths and number of injections depend on wrinkle depths and locations at the doctor's discretion.
3. *After injection:*
 - a. The doctor might gently massage the injection areas to conform to the contour of the surrounding tissues.
 - b. If the treated area is swollen, ice might be applied for a short time.

What limitations exist?

We will not treat:

1. areas with active inflammation or infection (e.g., cysts, pimples, rashes or hives)
2. areas other than the face

What risks are involved? What problems might I experience?

Should you experience any problems following your treatment, we can advise and treat you. Our doctor can answer any questions you might have at your in-person consultation.

Herpes or MRSA breakout: Herpes simplex is a viral disease, and methicillin-resistant *Staphylococcus aureus* (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. If you have herpes or MRSA, you might experience a breakout after your treatment. It's possible for you to unknowingly be infected with herpes or MRSA. Such infections can result in your skin breaking or cracking under certain conditions.

Injection-related reactions: infection, initial swelling, discomfort, pain, itching, discoloration, bruising or tenderness.

Bruising or bleeding: if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil®. (Advil is a registered trademark of Pfizer.)

Other: Additional risks include:

1. allergic reaction
2. lumpiness, visible yellow or white patches, pustules
3. granuloma formation
4. localized necrosis or sloughing, with or without scab if blood vessel occlusion occurs

Adverse reactions typically lessen or disappear within a few days but might last a week or longer.

What else do I need to know?

1. The effectiveness of the treatment varies from person to person.
2. After the first treatment, additional treatments of dermal fillers might be necessary to achieve or maintain the desired level of correction.

What should you tell us about?

To safely perform this treatment, we need to know if you:	yes	no
1. are pregnant		
2. are trying to get pregnant		
3. are lactating (nursing)		
4. have any allergies or high sensitivity to medications, including Lidocaine		
5. have any major illnesses (specify)		

Understanding and accepting the risks

Confirm the following statements:

1. I am signing this document before being treated at Recharge Medical.
2. This procedure or treatment, including anticipated benefits, material risks, and alternative therapies, has been explained to me or my legal representative.
3. All my questions regarding this treatment have been answered satisfactorily.
4. I have read and understood the information provided above and the information provided to me in person by the staff.
5. I accept all risks involved in this treatment.
6. I release Recharge Medical and its agents from all liability associated with this treatment.
7. I have shared all information about me requested and discussed above.
8. I agree to tell my provider of any future changes in my medical profile, medications, topical products, and issues related to my skin treatment.
9. Following this procedure I agree to follow the instructions in the aftercare treatment plan I am given.

Wait to sign and date below until one of our staff members watches you do so.

Printed name of client

Signature of client or client's legal guardian

Date and time

Printed name of provider

Signature of provider

Date and time