

CLIENT CONSENT FOR HYALURONIC ACID FILLERS (HAF)

PLEASE INITIAL EACH PARAGRAPH AND SIGN BELOW:

PROCEDURE

I clearly understand that:

Initial HERE



_____ The Juvéderm® ,Restylane®, Teosyal and Emervel line of products are crosslinked Hyaluronic Acid of non-animal origin and are classified as Hyaluronic Acid Fillers (HAF)

_____ HAF are injected via a syringe or cannula into the epidermis, dermis or deeper to temporarily improve fine lines, wrinkles, folds and contours of the face, increase volume in the lips and cheeks and other parts of the face.

_____ HAF provides correction for an average of 6-12 months. Some products may last up to 18 months. This effect varies depending on general health, dietary and smoking habits, the type of skin, areas injected and the amount and type of product injected. Some clients also metabolize the HAF product faster than others and cannot predict this until after their first treatment.

_____ The duration may be shorter in clients who have a history of smoking, have sun damage, those who continue to suntan, those who undergo heat modalities as Radiofrequency or Ultrasound. Clients who exercise intensively may also have a shorter duration of effect.

_____ After the first treatment, additional treatments of HAF's may be necessary to achieve the desired level of correction.

_____ A local anaesthetic (lidocaine) is commonly added to the HAF to enhance patient comfort. Ice may be applied before the treatment to increase the comfort and directly after if the area treated is swollen at the injection site

_____ Multiple syringes are required for the best Aesthetic results. I understand that my results may not meet my expectations due to the limited amount of product that I have agreed to using.

RISKS/DISCOMFORT

The staff of dM Cosmetic and Wellness Centre and Dr. Matta have discussed with me and I clearly understand that during and after the injection of an HAF, there are some potential side effects which include and may not be limited to the following:

_____ Inflammatory reactions such as redness, edema (swelling) and or erythema, which may be accompanied by stinging, pain or pressure. These reactions may last up to one week or more depending on my own natural healing.

_____ Delayed hypersensitivity reactions, swelling or nodules including granulomas or biofilms may develop at the injection site, even up to 6 months or longer after the procedure

Please Print Full Name Legibly

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Today's Date:
DD/MM/YYYY

Dr. Matta

Initial HERE



_____ Very rare cases of discolouration of the injection site have been reported

_____ Very rare cases of necrosis in the glabellar region and in the corner of the nose have been reported. Very rare cases of blindness have been reported.

_____ Dr. Matta has discussed with me that if I have had any nasal or facial surgery my risks of complications is significantly higher.

_____ Persistence of inflammatory reactions for more than one week or the development of any other side effect must be reported to the physician as soon as possible

_____ Increase of bruising or bleeding at injection site if using a substance such as such Ibuprofen (Advil®), acetylsalicylic acid, blood thinners as Coumadin or Plavix, or herbal supplements, or red wine.

_____ Some visible lumps may occur temporarily following the injection.

_____ Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form. These reactions might last for as long as approximately 2 weeks, and in appropriate cases may need to be treated with oral corticosteroids or other therapy.

_____ Some patients may notice temporary numbness or tingling in the area treated that usually will last less than a month, but in peculiar instances, can last as long as one year.

MEDICAL HISTORY

I have informed the staff of dM Cosmetic and Wellness Centre and Dr. Matta of my medical history and I clearly understand that I cannot be treated with HAF:

_____ If I am Pregnant or breast feeding

_____ If I have a known hypersensitivity to hyaluronic acid, and have severe allergies

_____ In areas presenting with inflammatory and /or infectious skin problems.

_____ If I have been injected in the past with any semi permanent or permanent filler (Bioalcomed or Artefill, Sculptra, Radiesse)

_____ If I am receiving immunotherapy treatments

_____ If I have a tendency to develop hypertrophic scarring

OTHER CONSIDERATIONS

_____ Patients who have autoimmune conditions or are significantly inflammatory have a higher chance of inflammatory reactions and treatment with HAF must be made on a case by case basis with full understanding of the risks.

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As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken.

If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after HAF treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site.

Most patients are pleased with the results of HAF's, however, like any cosmetic procedure, there is no guarantee that you will be completely satisfied.

There is no guarantee that wrinkles and folds will disappear completely, or that you will **not** require additional treatments to achieve the results you seek. While the effects of HAF one use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to one year, involving additional injections for the effect to continue.

After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

ALTERNATIVES

This is a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: animal-derived collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants, or bacterial toxins that can weaken muscles that cause some wrinkles.

I understand that the injector will choose the dermal filler based on the area to be injected. The injector will recommend the amount of product required for the best results. Changes in the recommendations may alter the outcome of the treatment.

COST/PAYMENT

The cost of treatment will be billed to you individually. Since most uses of HAF are considered cosmetic, they are generally not reimbursable by government or private health care insurers.

PHOTOGRAPHS

I authorize dM Cosmetic and Wellness Centre and/or Dr. Matta to take photographs before the treatment and on the follow up appointment after the procedure. These photographs are considered as part of my medical record.

I allow Dr. Matta and/or the staff of dM Cosmetic and Wellness Centre to share my medical information and pictures in the case of any adverse events with other physicians, without expressed permission at that time.

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Dr. Matta

CONSENT

If I choose, I could have a copy of this consent form. My consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to Dr. Matta or the designated injector to perform Facial Augmentation and Filler Therapy/Injections using HAF for the treatment of my condition. The nature and purpose of this procedure, with possible alternative methods of treatment, as well as the complications, have been fully explained to my satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information from dM Cosmetic and Wellness Centre and Dr. Matta and feel that I am sufficiently advised to consent to this procedure.

I understand that any treatment provided may or may not meet my expectations. I understand and agree that there is no compensation or refund of monies paid in any event. _____ (Patient's Initials)

Dr. Matta recommends _____ mL of Hyaluronic Acid filler for this treatment. I have agreed to utilize _____ mL.

I am aware of the risks and complications of this procedure, including, but not limited to, bruising, swelling, asymmetry and blindness. I consent to the use of hyaluronidase in case of intravascular injection and vascular compromise on an urgent/emergent basis.

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Dr. Matta