VANDERVEER CENTER®

Dermal Fillers: Patient Consent for Treatment

A. Purpose and Background

- Dermal Fillers (DF) are approved by the FDA and are indicated to correct moderate to severe facial wrinkles and folds. DF may also be used to restore volume to the face and body, lip augmentation, and hand rejuvenation.

B. Procedure

- DF are injected into the lips, dermis and subcutaneous tissue to restore structure and volume underneath the skin. Your provider will determine exactly where to place these injections to achieve the best results. DF results are instant and last approximately 6-24+ months for hyaluronic acid, and 9-12+ months for calcium hydroxyapatite. At that time, the procedure can be repeated if desired.

C. Risks/Discomfort

- I understand that topical anesthesia may be used to reduce discomfort during this procedure. Common injection-related reactions lasting up to two weeks can occur, including: swelling, pain, discoloration, bruising, and/or lumps at the injection site. Adverse reactions to DF are rare but can include:

1. **Bleeding & Bruising** – May occur at the injection site and will typically heal like a regular bruise. Avoid aspirin and/or anti-inflammatory medications (i.e. ibuprofen) for one week pre- and post-treatment.
2. **Migration** – DF products may move from the place of injection with certain movements or activities. Follow post care instructions carefully.
3. **Infection** – Infections are rare, but may require antibiotics as determined by your provider.
4. **Nodules/Palpable Material** – Small lumps may form under the skin due to material collecting in one area. Follow post care instructions for warm compresses and/or massage if appropriate.
5. **Unsatisfactory Result** – Satisfaction with DF is very high. However, patients may experience temporary visible irregularities, prolonged bruising, swelling, tenderness at the injection site, and/or disappointment with the procedure.

D. Benefits

- DF have been shown to be a safe and effective way to fill wrinkles and folds in the skin. Results are immediate and last 6-24 months on average, based on the product used.

E. Alternatives

- DF is strictly a voluntary procedure; no treatment is necessary or required.

F. Photography

- I understand that clinical photographs are an essential component of my medical record. Clinical photography is required by VanderVeer Center, before, during, and after treatments.

G. Consent to Procedure

- The results of DF are usually instant and can be dramatic. However, as with any cosmetic procedure, there cannot be any guarantee or warranty, expressed or implied, that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the

results you seek. The effects of DF are temporary; additional treatments will be required to maintain the appearance and effect of treatment. The amount of DF required and the results of treatment vary per patient, and may be affected by the following factors, including but not limited to: degree of skin irregularity, patient age, and skin conditions.

- I understand that certain Dermal Fillers are have specific on-label approvals. If I choose to receive DF in an area not clinically indicated there is the potential for adverse events including, but not limited to prolonged edema and in extreme and rare cases- retinal artery/venous occlusion leading to blindness.

- I have provided my complete medical history and current medications.

- I understand that pregnancy and breastfeeding are contraindications for treatment. I am not currently pregnant or nursing.

- I have no known allergy to lidocaine.

- I understand that DF may be accidentally injected into a blood vessel, which may block the vessel and cause local tissue damage, resulting in scarring or permanent tissue loss.

- I understand that it is important to follow post-care instructions to maximize treatment results and to minimize the chance of an adverse reaction.

- I understand that I should minimize exposure of the treated area to the sun or heat for approximately 48 hours after treatment or until initial swelling and/or redness goes away.

- I release all VanderVeer Center staff from liability associated with this procedure, except for any liability that may be imposed by the laws of the state of Oregon.

- I have read and understand this consent to be treated, and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

- I agree that if I have any concerns regarding my DF treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.

- **I elect to proceed with Dermal Filler treatment.**

Patient Name: _____Date: _____

Patient Signature: _____

Provider Signature:_____

<u>For RADIESSE® Dermal Filler ONLY</u>:

I understand that the safety of Radiesse in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied. I do not form keloid scars, and do not have severe allergies.

I understand that Radiesse is made of radiopaque calcium particles and can be visible on CT scans and X-rays.

I elect to proceed with RADIESSE® Dermal Filler treatment.

For BELLAFILL® Dermal Filler ONLY:

I understand that the safety of Bellafill in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied. I do not form keloid scars, and do not have severe allergies.

I understand that Bellafill is contraindicated for people with prior history of injectable collagen allergies and that a skin test is necessary one month before Bellafill treatments can start. If I am allergic to the test, I will inform VanderVeer Center.

I elect to proceed with Bellafill Dermal Filler treatment.

Patient Name: _____Date: _____

Patient Signature: _____

Provider Signature:_____