



### ***Injectables Consent Form***

Treatment with dermal fillers (such as Juvederm, Restylane, Radiesse, Sculptra, Belotero and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately.

#### ***Disclosure and Consent***

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

#### ***Pregnancy***

I am not aware that I am pregnant. I am not lactating. I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.

### ***Risks and Complications***

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- Post treatment discomfort, swelling, redness, bruising, and discoloration
- Post treatment infection associated with any transcutaneous injection
- Allergic reaction
- Reactivation of herpes (cold sores)
- Lumpiness, visible yellow or white patches
- Granuloma formation
- Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs
- Blindness and scarring may also occur.

### ***Alternative Procedures***

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

### ***Payment***

I understand that this procedure is cosmetic and that payment is my responsibility. I am aware of the prices (listed below) and that discounts may be applied but not guaranteed. Payment is my responsibility.

Juvederm \$650	Volbella \$700/\$400	Vollure \$700	Voluma \$800	
Restylane \$650	Kysse \$650	Refyne \$700	Defyne \$700	Lyft \$800
Belotero \$650				
Sculptra or Radiesse	\$800 one syringe	\$1450 two syringes	\$2000 3 syringes	

### ***Right to Discontinue Treatment***

I understand that taking the treatment course is my choice and that I am free to withdraw at any time, without giving any reason.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures, I acknowledge that Dr. Holly Gunn has adequately informed me of the risks. I certify that I have read and fully understand the acknowledgement that no guarantees or assurances have been made to me about my intended results. I hereby consent to acne surgery extractions treatment today and for all subsequent procedures.

\_\_\_\_\_  
Witness Signature Date

\_\_\_\_\_  
Patient/Guardian Signature Date