

# KEC Aesthetics, LLC

## FACIAL AUGMENTATION/FILLER CONSENT FORM

The procedure planned is treatment with hyaluronic acid/Juvederm an injectable filler substance. The purpose of this procedure is to treat facial wrinkles, augment the lips, or fill in facial defects. Hyaluronic acid has been used as an injectable filler agent for greater than three years in many countries with excellent results.

I understand that the risks of this procedure include asymmetric facial lines, bruising, infection, ulceration and a remote chance of an allergic reaction to the hyaluronic acid.

I understand that the results achieved from the injection of hyaluronic acid are temporary. The manufacturer suggests that results can last from 4 – 8 months after treatment. There is no guarantee on the longevity of the treatment. This is variable depending on each individual patient.

I understand that I am responsible for following appropriate after-care instructions that have been explained to me by \_\_\_\_\_ and/or staff members.

I understand that photographs or videos may be obtained before, during or after treatment sessions to assess my outcome.

This procedure is cosmetic and not covered by insurance. I understand that I am responsible for all costs of the treatment. I have been asked at this time if I have any further questions about the procedure, and I do not. I understand this procedure and its potential risks and I am requesting that this procedure be done.

\_\_\_\_\_  
**Patient Signature**

**DATE** \_\_\_\_\_

\_\_\_\_\_  
**Witness**

**DATE** \_\_\_\_\_

**Form Revised Feb 2010**

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