

**DERMATOLOGY CONSULTANTS OF SOUTH FLORIDA, P.A.
CONSULT AND RELEASE FORM FOR FILLER ESTHETIC PRODUCTS:**

PATIENT: _____

CHART # _____ **AGE** _____ **DATE** _____

INTRODUCTION: This is a patient consent and release form. These filler products are used for soft tissue appearance improvement in connection with wrinkles, scars, lip enhancement, and similar kinds of cosmetic procedures.

RISKS, HAZARDS, COMPLICATIONS: I understand that there will be pain associated with the injection, which may require topical anesthetic or a dental block. If you choose to have a dental block, although rare, it is possible to bruise or injure a nerve. An injury to a nerve can result in loss of sensation. Although extremely rare, it is possible to have permanent nerve damage. I understand that the typical reaction to the injection is local redness and swelling, which usually goes away within 1-3 days after the injections. I may have bruising which may last up to 10-14 days. I may also have tenderness, itching, and discoloration at the implant site for 3-7 days. I understand that any injection into the skin can result in a bruise. Bruising may occur at time of treatment and/or one or two days after treatment. I understand that my use of blood thinning products 7-10 days prior to treatment (**i.e.: ASPIRIN, ANTI-INFLAMMATORY DRUGS, GARLIC, GINSENG, VITAMIN E, ALCOHOL, AND ALL PRESCRIPTION BLOOD THINNERS**) may result in more bruising. Although rare, it is possible to have an unusual hypersensitivity reaction (allergy); this occurs in approximately 1 in 2000 patients. These reactions usually consist of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness, and rarely acne-like rashes have also been reported. These reactions have either started a few days after the injection site or after a delay of 2-4 weeks and have been described as mild to moderate and self-limiting, with an average duration of 2-4 weeks. In addition, although rare, any product injected into the skin can potentially block blood supply. This can lead to necrosis or breakdown of the skin with the potential of scar formation. I understand that there are no guarantees with products and aesthetic procedures.

AUTHORIZATION AND CONSENT: I authorize and consent to the use of the Products for the aesthetic and cosmetic purposes described above, and I also authorize and consent to the administration of local anesthetics which will be used during procedures.

RELEASE: I hereby release and hold harmless the physician and Dermatology Consultants of South Florida P.A. from and against any injury, lawsuits, damages, or claims with regard to the injection and use of Products.

I have carefully read and understand this form and all of my questions have been answered to my satisfaction. I am at least eighteen years of age.

Patient

Date

Witness

Date