

INTERLOCKS

MEDSPA + WELLNESS

INFORMED CONSENT FOR INJECTABLE AESTHETIC FILLER

Patient Name: _____

Nurse Injector: _____

I understand that I will be injected with Injectable Aesthetic Filler (hyaluronic acid, commonly known as HA's) by the Nurse Injector into the dermal layers of the skin in order to temporarily provide correction of moderate to severe facial wrinkles or folds. I understand that the FDA has approved hyaluronic acids to treat the nasal labial folds and that injection in any other area is considered off-label use.

The following problems may occur with hyaluronic acid aesthetic filler injections:

1. Redness
2. Swelling
3. Lumps/bumps
4. Bruising
5. Firmness
6. Tenderness to touch
7. Itching
8. Discomfort and/or pain during injection
9. Temporary skin discoloration
10. Vision abnormalities, including blindness, may occur in rare instances.
11. The injection may not work for as long or as well as expected.
12. Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. Should any type of infection occur, additional treatments or medical antibiotics might be necessary.
13. Allergic reactions. **You should NOT receive hyaluronic acid injections if you have severe allergies or a history of anaphylaxis.** In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions may result from prescription medications.

ACKNOWLEDGEMENT:

I acknowledge that the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me, or additional treatment options may need to be considered for optimal results.
- Repeated sessions may be necessary in certain muscle groups to obtain the desired results.
- Reasonable anticipated health consequences if the procedure is not performed.
- Possible complications/risks involved with the proposed procedure and subsequent healing period.
- Unknown risks and long term effects
- Alternatives to hyaluronic acid fillers for treatment of dermal soft-tissue augmentation.
- Compliance with the aftercare guidelines is crucial for healing and prevention of scarring or complications.

For women of childbearing age: By signing below, I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Nurse Injector informed should I become pregnant during the course of treatment.

I hereby authorize above named Nurse Injector to perform hyaluronic acid aesthetic filler injection on me. I understand that this procedure is to temporarily provide correction of moderate to severe facial wrinkles or folds. The treatment plan is to inject hyaluronic acid aesthetic filler into the dermal layers of the skin to create fullness and smooth mild to moderate facial wrinkles. I understand that may not respond to these treatments for unknown reasons. I understand that it is impossible for Nurse Injector to inform me of every possible complication that may occur. No guarantees about results have been made. By signing below, I agree that all of my questions regarding the procedure have been answered satisfactorily and accept the risks. I hereby release INTERLOCKS from all liabilities associated with the above-indicated procedure.

Patient Signature: _____

Date: ____ / ____ / ____

RN Signature: _____

Date: ____ / ____ / ____