



*BOTOX*<sup>®</sup>  
—Cosmetic

*Juvéderm*<sup>®</sup>  
INJECTABLE GEL

*Juvéderm*  
VOLUMA™ XC

*Restylane*<sup>®</sup>

**BELOTERO**<sup>®</sup>

*sculptra*<sup>®</sup>  
poly-L-lactic acid

## **Informed Consent - Filler Injections**

This is an informed-consent document which has been prepared to help your provider inform you concerning tissue filler injection therapy, its risks, and alternative treatments. This consent covers injection using:

Juvaderm XC<sup>®</sup> Ultra/Ultra Plus injectable gel, Voluma<sup>®</sup>, Restylane<sup>®</sup>, Belotero<sup>®</sup>, or Sculptra<sup>®</sup>

## **General Information**

The injection will utilize a stabilized Hyaluronic Acid filler used to smooth moderate to severe facial wrinkles and folds around the nose and mouth or shape facial contours. Semi-permanent filler injections are customized for every patient, depending on his or her particular needs. These can be performed in areas involving the face and eyelid region, forehead, and lips. Fillers cannot stop the process of aging. They can however, temporarily diminish the look of wrinkles and soft tissue depressions. Continuing treatments are necessary in order to maintain the effect of fillers over time. Once injected, fillers will be slowly absorbed by the body. The length of effect for injections is variable.

## **Alternative Treatments**

Alternative forms of management include not treating the skin wrinkles or soft tissue depressions by any means. Improvement of skin wrinkles and soft tissue depressions may be accomplished by other treatments: laser treatments, chemical skin-peels, dermabrasion, or other skin procedures. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

## **Risks of Filler Injections**

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations.

**Bleeding and Bruising:** It is possible, though unusual, to have a bleeding episode from a filler injection or local analgesia used during the procedure. Bruising in soft tissues may occur. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba and other “herbs / homeopathic remedies” may contribute to a greater risk of a bleeding problem. Do not take any of these for seven days before or after filler injections.

Swelling (edema) is a normal occurrence following the injections. It decreases after a few days. If swelling is slow to resolve, medical treatment may be necessary. Discomfort associated with injections is normal and usually of short duration.

Needle Marks, Acne-Like Skin Eruptions, Skin Sensitivity, Erythema (Skin Redness), Under / Over Correction, Asymmetry, Damage to Deeper Structures, Skin Lumpiness,



Visible Tissue Filler Material, Granulomas, Migration of Filler, Skin Necrosis, Allergic Reactions and Hypersensitivity, Drug and Local Anesthetic Reactions, Antibodies to Fillers, Accidental Intra-Arterial Injection, Scarring, Unsatisfactory Result

Infection following injection of tissue fillers is rare, but can occur. Herpes simplex virus infections around the mouth can occur following a tissue filler treatment. This applies to both individuals with a past history of Herpes simplex virus infections and individuals with no known history of Herpes simplex virus infections in the mouth area. Specific medications must be prescribed and taken both prior to and following the treatment procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

Animal reproduction studies have not been performed to determine if Filler could produce fetal harm. It is not recommended that pregnant women receive filler treatments. Please inform your provider if you suspect you may be pregnant.

### **Informed Consent - Filler Injection**

1. I hereby authorize TEN Salon and Spa to perform the following procedure or treatment: injection of Juvaderm XC® Ultra/Ultra Plus injectable gel, Voluma®, Restylane®, Belotero®, or Sculptra®
  
2. I understand what my provider can and cannot do, and I understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
  
3. I consent for clinical photographs.
  
4. It has been explained to me in a way that I understand. There may be alternative procedures or methods of treatment. There are risks to the procedure or treatment proposed.

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Patient Signature

Date

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Provider Signature

Date