



The Aesthetic and Wellness Center, PLC

3825 State Road 64 E Suite 300 Bradenton, FL 34208 941-749-0741

CONSENT FOR TREATMENT DERMAL FILLERS

I, _____ have been informed by Dr. Inda Mowett, other licensed physician, nurse, physician assistant or any qualified member of her staff of the cost of the treatment, the treatment modalities, secondary and unwanted side effect, of potential transient or permanent damage to my skin that may result from this procedure. I understand that, with any treatment, certain risks are involved and that complications or side effect from known and unknown causes could occur. I freely assume the risks.

Procedure

Dermal fillers are injected into the skin with a very fine needle. The products produce a natural volume under the wrinkle, which is lifted up and smoothed out. The results can often be seen immediately. It does not require skin testing and leaves no scars or other traces on the face. Nerve block with lidocaine is recommended for injection of lips or nasolabial folds. Notify us if you are susceptible to keloid formation, hypertrophic scarring and pigmentation disorders. If you prefer, topical anesthetic can be used instead, but needs to be applied 1 hour before the procedure.

RISKS AND COMPLICATIONS:

It has been explained to me that there are certain inherent and potential risks and side effect in any procedure, such as:

Post treatment discomfort, swelling, redness, bruising and discoloration.

- Post treatment infection associated with any transcutaneous injection.
- Reactivation of Herpes (cold sores)
- Lumpiness, visible yellow or white patches in approximately 20% of cases.
- Granuloma formation
- Localized necrosis and /or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

RESULTS

I am aware that full correction is important and that follow-up touch ups/treatments will be needed to maintain full effects. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue condition, my general health, lifestyle condition and sun exposure. The correction, depending on these factors may last 9-12months and in some cases longer. I have been instructed in and understand post treatment instructions and have been given a copy of them.

I understand the results of the treatment will vary according to the area and person receiving the procedure. I am also aware that I will require more syringes of dermal fillers than anticipated to fill a wrinkle or skin fold.

Client Signature

R. 9/11

Date



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Dermal Fillers Post - Treatment Instructions

- Immediately after the treatment, the most commonly reported side-effects were temporary redness and swelling at the injection site. These effects typically resolve within 2 to 3 days. Cold compresses may be used immediately after treatment to reduce swelling.
- Avoid Aspirin, Anti-inflammatory drugs, Gingko Biloba, Garlic, Flaxseed Oil, Vitamin E, Alcohol, spicy food, salty food and cigarettes 48 hrs to 1 week after your treatment.
- Drink 4 more glasses of water or fluid for the next 3 days. You can eat, drink or wear makeup with sunblock protection shortly after treatment.
- Avoid manipulation of area for 6 hours following treatment. You can cause irritation, sores, and/or and possible scarring if you do so. After that, the area can be gently cleansed with your daily face wash.
- In some cases, a lumpy formation can be felt on the injected area. You can gently massage this area after 24 hours.
- Until the initial redness and swelling have resolved, avoid exposure of the treated area to intense heat (sunlamp or sunbathing).
- If you have previously suffered from recurrent episodes of cold sores, there is a risk that the needle punctures could trigger another episode. Call us immediately if you start experiencing these symptoms.
- No straining, heavy lifting or vigorous exercise for 3 days following treatment.

Client's Signature

Date