



## INFORMED CONSENT FOR TREATMENT WITH INJECTABLE FILLERS

I consent to and authorize Body Aesthetics LLC to perform services with injectable fillers to improve the appearance of scars and/or wrinkles, or to have my lips augmented (made larger). The fillers to be used include Belotero, Restylane, Radiesse, sculptra and/or Juvederm. The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction. I am fully aware of the risks of complications or injuries that can occur from this treatment, both from known and unknown causes and I freely assume those risks.

The known complications could include: Redness, swelling/edema, itching, pain or pressure lasting more than one week, Nodules or induration at the injection site, Discoloration of the injection site, Poor effect or weak filling, Allergic reactions, In extremely rare cases, skin necrosis or "death of skin" may occur as a result of injection into a blood vessel. This may result in financial costs, extended care and scar formation.

I also certify that I have none of the known conditions that would contraindicate treatment.

Risks and Complications: It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- 1) Post treatment discomfort, swelling, redness, bruising, discoloration, tenderness, and itching (These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases, bruising can last several months and even be permanent.
- 2) Post treatment bacterial, viral and/or fungal infection associated with any transcutaneous injections which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
- 3) Allergic reaction. As with any product, allergies can develop during or after injection.
- 4) Injection into the lip area could cause recurrence of Herpes simplex ( facial cold sores) for patients with a history of prior cold sores.
- 5) Lumpiness, visible yellow or white patches in approximately 20% of cases
- 6) Granuloma formation
- 7) Localized Necrosis and/ or sloughing, with scab and/or without scab if blood vessel occlusion occurs.
- 8) Scarring

I certify that I have read this entire informed consent and that I understand and agree to the information stated in this form. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal

guardian will also be required before treatment. This informed consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

Furthermore, I completely and totally indemnify Body Aesthetics LLC, from any and all liability in relation to the performance of this procedure[s]. I also completely and totally indemnify Body Aesthetics LLC from any and all liability in relation to the performance and consequence of this procedure[s]. I further understand that this is a cosmetic procedure and there may be no required clinical follow-up. Any corrections would have to be done at my own cost with the practitioner of my own choosing.

No guarantee, warranty or assurance HAVE been made as to the treatment results.

I understand that the results are of temporary nature, and more treatments will be needed to maintain improvement. I agree to adhere to all safety precautions described here including:

Avoiding prolonged sun or UV exposure

Avoiding saunas for two weeks after injection

Avoiding steam baths for two weeks after injection

Make up should be avoided for at least 12 hours after injection

Body Aesthetics LLC maintains the right to defer treatment on any client should it be in either of their opinion's that any treatment or further treatment is not warranted.

This agreement is binding. It may not be modified by the person receiving the injections or by anyone else without the express written approval that any modifications are allowed. This agreement does not expire.

Alternatives to Dermal Fillers: There are alternatives to Dermal Filler injections, including no treatment, collagen for lip or other facial soft tissue augmentation, and cosmetics, Botox, laser skin resurfacing, chemical peels, or plastic surgery for wrinkle reduction.

Results: I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and additional treatments may be necessary to maintain the desired effect. I understand that treatments can last anywhere from 4-6 months up to 12-18 months depending on product. I understand that more than one injection may be needed to achieve a satisfactory result

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Patient Signature

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Date