

SIX ZONES

Botox & fillers

REBECCA A. PAPPALARDO, MD

CONSENT FORM: DERMAL FILLERS

Purpose and Background

As my patient you have requested my administration of Dermal Filler, used in correction of moderate to severe facial wrinkles and folds. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether to proceed with procedure.

Procedure

- This product is administered via syringe, or injection into areas of the face to eliminate or reduce wrinkles and folds.
- An anesthetic numbing medicine may be used to reduce the discomfort of injection.
- Treatment site is washed first w/ an antiseptic (cleansing) wash
- Dermal filler is then injected under skin into the tissue of your face, using a thin gauge needle
- The depth of injection will depend on the depth of the wrinkle and their location.
- Multiple injections may be made depending on the site, depth of wrinkle, and technique used.
- Following each injection, a gentle massage of area will occur of correction site to conform to contour of surrounding tissues.
- If the treated area is swollen directly after the injection, ice may be applied to the site for a short period.
- After the first treatment, additional treatments may be necessary to achieve the desired level of correction.
- Periodic touch-up injections help sustain the desired level of correction.

Risk/Discomfort

- Although a very thin needle is used common injection related reactions could occur. These could include some initial swelling, pain, itching, discoloration, bruising, or tenderness at injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or non-steroidal anti-inflammatory drugs such as Advil, Motrin, and ibuprofen.
- These reactions generally lessen or disappear within a few days, but may last for a week or longer.
- As with any injection, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken.
- Some visible lumps may occur temporarily following injection.

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- Some patients may experience additional swelling or tenderness at the injection site and on rare occasions, pustules may form. These reactions might last for as long as (2) weeks, and if appropriate may be treated with oral corticosteroids or other therapies.
- Dermal fillers should not be used in patients who have experienced hypersensitivity or allergies to latex or local anesthetics: xylocaine, Novocain, benzocaine, prilocaine, or tetracaine. Areas with active inflammation or infection (cysts, pimples, rashes or hives) should never be injected.
- If you are considering laser treatment, chemical peels, or any other skin procedure which is based upon skin response after dermal fillers or if you recently had such treatments and skin has not healed completely, there is a risk of an inflammatory reaction at the implant site.
- Dermal filler may give a Tyndall Effect. If this occurs, medication may be injected to reverse this. Vasculature and tissue may be compromised requiring additional therapies like hyperbaric O2 therapy or surgery to correct. These are all rare but real complications, which must be realized before accepting treatments.
- Most patients are pleased with the results of dermal fillers. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely or that you will not require additional treatments to achieve the desired level of correction. While the effects of dermal fillers can last longer than other comparable treatments, the procedure is temporary. Additional treatments will be required periodically, generally within (6) months to one year, in order to maintain the desired effect.
- After treatment, you should minimize exposure of treated areas to excessive sun, UV lamp exposure, and extreme cold weather, until any initial swelling or redness has gone away.

Alternatives

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments include: Botox injections, laser skin modalities, and cosmetic surgery.

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Your consent and authorization for this procedure is strictly voluntary. By signing this consent form, you hereby grant authority to your physician: Dr. Rebecca Pappalardo to perform facial dermal filler therapy injections using dermal fillers of her choice for treatment areas deemed necessary or advisable.

The nature and purpose of this procedure including alternative methods of treatment as well as complications and risks of procedure have fully been explained to my satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I have read this informed consent form and certify that I understand its contents in full. I have had enough time to consider this information from my private physician: Dr. Rebecca Pappalardo, and I feel I am sufficiently advised to consent for this procedure. I hereby give my consent to this procedure and have been asked to sign this form after being fully informed of the risks and benefits involved.

Print Name: _____ Date: _____

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____