

Dermal Filler Informed Consent for Treatment

I, _____ hereby authorize treatment by Megan Davies and whomever she may designate to perform dermal filler treatment.

- **Versa, Juvederm Ultra Ultra Plus, Restylane, Restylane L, Restylane Lyft, Restylane Refyne and Defyne are FDA approved to treat moderate to severe facial wrinkles such as nasolabial folds, Restylane is also FDA approved to treat lips. Juvederm Voluma and Restylane Lyft are FDA approved for volume loss in the cheek area. Juvederm Volbella and Restylane Silk are approved for lips and fine lines. Belotero is FDA approved for nasolabial folds. Radiesse is FDA approved for hands and for moderate to severe facial folds/wrinkles. All other uses are considered off-label.**
- **Possible side effects of dermal filler injections include but are not limited to:**
 - **Swelling, rash, bleeding at injection site, pain at the injection site, lumpiness, bruising (temporary and less commonly permanent), infection, or allergic reaction. An unintended but serious side effect with injectable fillers is injection into a blood vessel. Although this is a very small risk side effects can be serious and include blindness, stroke, or vision abnormalities.**
- **I attest I have considered alternatives to this procedure and that this has been discussed with the medical provider.**
- **I understand that everyone responds differently and sometimes poor or inadequate results may be achieved. In most cases additional treatment can result in a good result.**
- **I understand there will be swelling in the area injection which can last days or even weeks.**
- **I understand that results are temporary and can last 3 months to 2 years depending on the filler chosen, and site injected.**