

## **PRE-TREATMENT INSTRUCTIONS - DERMAL FILLER TREATMENT**

*A few simple guidelines before your treatment can make a difference between a good result and a fantastic one.*

- Patient should be in good overall health. A full medical history must be performed on all patients for optimal results.
- If you develop a cold sore, blemish, or rash, etc. prior to your appointment you must reschedule.
- If you have a special event or vacation coming up schedule your treatment at least 2 weeks in advance.
- Let us know if you are prone to cold sores – a pre-operative medication may help prevent cold sores after treatment.
- **AVOID:** Alcohol, caffeine, motrin, ginkgo biloba, garlic, flax oil, cod liver oil, vitamin A, vitamin E, fatty acids, niacin supplements, high-sodium foods, high sugar foods, refined carbohydrates, spicy foods, or cigarettes 24 hours before your treatment. This is to reduce the incidence of bruising after these procedures.
- Discontinue Retin-A two (2) days before and two (2) days after treatment

## POST TREATMENT INSTRUCTIONS

### *Dermal Filler Treatment*

**DO NOT:** touch, press, rub or manipulate the implanted areas for the rest of the day after treatment. Avoid kissing, puckering and sucking movements for the rest of the day as these motor movements can undesirably displace the implanted dermal filler material. Irritation, sores, and post-operative complications including scarring are possible if you manipulate the dermal filler implants.

**AVOID:** Alcohol, caffeine, motrin, ginkgo biloba, garlic, flax oil, cod liver oil, vitamin A, vitamin E, fatty acids, niacin supplements, high-sodium foods, high sugar foods, refined carbohydrates, spicy foods, or cigarettes 24 hours before your treatment. This is to reduce the incidence of bruising after these procedures.

**AVOID:** Vigorous exercise and sun and heat exposure for 3 days after treatment.

**DISCONTINUE:** Retin - A 2 days after treatment. It is best to wear no makeup or lipstick until the next day. Earlier use can cause pustules.

- One side may heal faster than the other side.
- You can expect some bruising and swelling around the areas that were injected. Apply ice for the first hour after treatment for ten minutes on and ten minutes off.
- You must wait 2 weeks before any enhancements.

*\*\*\*Please report any redness, blisters, or itching immediately if it occurs after treatment. \*\*\**

I certify that I have been counseled in post-treatment instructions and have been given written instructions as well.

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Patient Signature

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Date

PATIENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

**THE TREATMENT**

Treatment with dermal fillers (such as Juvederm, Restylane, Radiesse and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately. **Initial** \_\_\_\_\_

**RISKS AND COMPLICATIONS**

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. 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, and discoloration; 2) Post treatment infection associated with any transcutaneous injection; 3) Allergic reaction; 4) Reactivation of herpes (cold sores); 5) Lumpiness, visible yellow or white patches; 6) Granuloma formation; 7) Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs. **Initial** \_\_\_\_\_

**PREGNANCY AND ALLERGIES**

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.

**ALTERNATIVE PROCEDURES**

Alternatives to the procedures and options that I have volunteered for have been fully explained to me. **Initial** \_\_\_\_\_

**PAYMENT**

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. **Initial** \_\_\_\_\_

**RIGHT TO DISCONTINUE TREATMENT**

I understand that I have the right to discontinue treatment at any time. **Initial** \_\_\_\_\_

