DERMAL FILLER INFORMED CONSENT

I, _____understand that I will be injected with _____dermal filler, in the following area(s):_____

The procedure is performed by _____, a fully insured and NY licensed (MD / PA / RN), who is **NOT** affiliated with ***Ideal Body Inc*** or it's staff, and is contracted to perform such procedures on periodic basis.

The indicated dermal filler has been FDA approved for use in cosmetic treatments for moderate to severe wrinkles around the nose and mouth. I understand this treatment is temporary, and re-injection is necessary after about six months. It has been explained to me that other temporary and more permanent treatments are available.

The following complications may occur with the dermal filler injection procedure:

1. **Risks: I understand there is a risk of bruising, redness, swelling, pain at the injection site, tenderness, itching, allergic reaction, and raised bumps of skin (nodules).** 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. **Infection:** Post treatment bacterial, viral and/or fungal infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.

3. **Effectiveness:** Treatments can last anywhere from 4-6 months up to one year.

4. **Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.

5. **Allergic Reactions:** In rare cases, there may be an allergic reaction to the injection. Also, if you plan to obtain the Covid-19 vaccination, be sure to let your doctor know about having had fillers injected. There has been a reaction with some vaccines when fillers have been used. The adverse symptoms have been minor and are typically treated with oral steroids and/or oral antihistamines.

6. **There is a risk of scarring.**

7. I will follow all aftercare instructions as it is crucial I do so for healing.

As dermal fillers are not an exact science, there might be an uneven appearance of the face with some areas more affected by the fillers than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. However, in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with dermal fillers as there are both known and unknown side effects associated with any medication or procedure.

These dermal fillers should not be administered to a pregnant or nursing woman.

The number of units injected is an estimate of the amount of dermal filler required to add volume to the skin and give the appearance of a smoother face. I understand there is no guarantee of results of any treatment and the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered are charged directly to me and I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent dermal filler treatments with the above understood. I hereby release the doctor, the person injecting the dermal filler and the facility from liability associated with this procedure.

Patient Signature_____ **Date:**_____