



RADIESSE / JUVEDERM /BELOTERO CONSENT FORM

Radiesse / Juvéderm / is a resorbable implant product approved by the United States Food/Drug

Administration for the correction of moderate to severe facial wrinkles and folds, such as nasolabial folds.

Risks and complications that may be associated with Radiesse / Juvéderm / Belotero and the implant procedure include, but are not limited to:

1. **Facial Bruising, Redness, Swelling, Itching and Pain:** I understand that there is a risk of bruising, redness, swelling, itching and pain associated with this procedure. These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.
2. **Nodules, and palpable material:** I understand that there is a risk that small lumps may form under my skin due to the Radiesse / Juvéderm / Belotero material collecting in one area. I also understand that I may be able to feel the Radiesse / Juvéderm / Belotero material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.
3. **Migration:** I understand that the Radiesse / Juvéderm / Belotero as with any filler material, may move from the place where it was injected.
4. **Infection:** As with all transcutaneous procedures, I understand that injection of any filler material carries the risk of infection.
5. **Allergic Reaction:** I understand that Radiesse/ Juvéderm / Belotero should not be used in patients with severe allergies, a history of anaphylaxis, or history or presence of multiple severe allergies or hypersensitivity to any of the ingredients in Radiesse / Juvéderm / Belotero
6. **Keloids/Scarring:** I understand that the safety of Radiesse /Juvéderm /Belotero in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.
7. **Accidental Injection into a Blood Vessel:** I understand that Radiesse/ Juvéderm /Belotero can be accidentally injected into a blood vessel, which may block the blood vessel and cause local tissue damage, or potentially even a heart attack or stroke.
8. **Radio-opacity:** I understand that Radiesse / Juvéderm / Belotero is a radiopaque and is visible on CT Scans and may be visible in X-rays.

9. **Duration of Effect:** I understand that the outcome of treatment with Radiesse / Juverderm / Belotero will vary among patients. In some instances, additional treatments may be necessary to achieve the desired outcome.

No studies of interactions of Radiesse/ Juverderm/ Belotero with drugs or other substances or implants have been conducted.

This above list is not meant to be inclusive of all possible risks associated with Radiesse / Juverderm/ Belotero or dermal fillers in general, as there are both known and unknown side effects and complications associated with any medication or dermal filler injection procedure. I understand that medical attention may be required to resolve complications associated with my injection.

I understand that I should minimize exposure of the treated area to the sun or heat for approximately 24 hours after treatment or until any initial swelling or redness goes away.

The safety of Radiesse / Juverderm / Belotero for use during pregnancy or in breastfeeding women has not been established.

I have discussed the potential risks and benefits of Radiesse / Juverderm / Belotero with my doctor. I understand that there is no guarantee of any particular results of any treatment.

I agree that pre- & post-operative clinical photographs and videos may be taken to monitor my treatment progress and for patient educational purposes. I understand that my identity will be protected.

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment.

I certify that I have read and understand the contents of this consent form. I have been given the opportunity to ask the doctor/staff any questions that I have about the procedure, and all of my questions have been answered. The doctor/staff has explained the procedure and its alternatives to me, and both understand and accept the risks involved in this procedure.

Patient's Signature: _____ Date _____