Consent Form - Dermal Filler

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CLIENT INFORMATION

Full Name:

Address:

Telephone:

Product:

Product Label:

PRODUCT EXPLANATION

All products are sterile gels that consist of cross-linked, non-animal-based hyaluronic acid. Lidocaine products contain 0.3% lidocaine (a local anaesthetic agent). The fillers are injected into the skin to correct lines, wrinkles, and folds in faces, sculpt lips and enhance facial contours. They are also used to restore the skin's elasticity and reduce irregularities on the skin's surface.

TREATMENT EXPLANATION

My treating practitioner has explained how and when fillers are used. I have been allowed to ask questions and have received satisfactory answers. I have received information regarding when filler treatment should not occur and have also been informed of precautions, warnings for use with these products and common injection-related reactions. These reactions include redness, swelling, pain, itching, bruising and tenderness at the implant location. These reactions are generally mild to moderate and usually disappear shortly after injection. They usually resolve spontaneously a few days after injection into the skin, within a week after the injection into the lips.

I have been informed that lidocaine products must not be used in individuals with known hypersensitivity to lidocaine or amide-type local anaesthetics. Similar to administering a dental anaesthetic, there is a diminished pain and temperature sensation in the treatment areas for about two hours.

My practitioner has also informed me that topical anaesthetic cream might be used to provide additional pain relief, especially if filler products without lidocaine are injected. I have received information regarding when and what topical anaesthetics will be used, as well as contraindications, warnings/precautions regarding the use of these products, and potential side effects.

My treating practitioner has also informed me that, depending on the treated area and injection technique, the effects of filler treatment can last 6 – 12 months (lips around six months). However, this period may vary, either longer or shorter. Follow-up treatment helps maintain the desired correction.

We would like to thank NATA (nataonline.co.uk) for their help in verifying that all the consent forms are complete.

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RISKS, SIDE EFFECTS & LIMITATIONS

I have also been informed of the risks involved when injecting areas with underlying sensitive structures (e.g. nerves, vessels and eyes when treating wrinkles around the eyes).

There are isolated reports of small lumps developing at the treatment sites and irregularities that can last several months if injection into the skin is too superficial.

Inflammatory reactions have been reported in rare cases. These have consisted of redness, swelling, and induration at the injection location, which can sometimes affect the surrounding tissue. Reactions have arisen either a few days or a few weeks after treatment. They have generally been mild to moderate and self-limiting, and the average duration is two weeks in rare cases. Reactions have been recurrent and lasted for several months.

Other adverse events received from post-marketing surveillance for the use of some filler products are less common or rare, including discolouration, nodules, mass/induration, infection/abscess, acne-like formations, granuloma, hypersensitivity reactions, ischemia/necrosis, atrophy/scarring, reactions to herpes infection, rash, pruritus, telangiectasia, and urticaria.

Rarely few people develop infections/inflammations that must be treated with antibiotics or other treatments.

Isolated rare cases of vision abnormalities, including blindness, have been reported when dermal fillers such as hyaluronic acid are used in areas around the eyes, nose, and glabella.

RISKS, SIDE EFFECTS & LIMITATIONS

I understand that dermal filler treatments carry a rare but serious risk of vascular occlusion, where filler may accidentally enter a blood vessel and block blood flow. This can cause pain, skin discolouration, and in severe cases, tissue damage or vision loss. I have been informed of the signs, symptoms, and emergency management protocol, and I consent to proceed with full awareness of these risks. The practitioner has pointed out that this can be reversed with the injection of a Hyaluronidase to dissolve the filler and resolve the symptoms.

I have honestly responded to questions about any hypersensitivity to anaesthetic agents and my medical history. I have also received the 'Post-Treatment Checklist' and information about its contents. I understand the importance of following the advice indicated in the checklist.

I have informed my practitioner of all my previous aesthetic treatments, including injections, surgeries, chemical peels, etc.

CLIENT DECLARATION

I confirm I have read and understood the above, had the opportunity to ask questions and these have been answered to my satisfaction, and that I freely choose to proceed with my treatment.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

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