

Informed Consent Form

Dermal Filler Treatment

I, _____, Authorize _____,
and/or a designated practitioner of Dr. Alan Burke – Virginia ENT to perform Filler Injections.

Treatment with dermal fillers (such as Juvéderm, RHA, and others) can smooth facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume/fullness due to aging, sun exposure, illness, etc. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles, and fold which are lifted and smoothed out. The results are often seen immediately and results last anywhere from 6 months to over a year.

Most patients are pleased with results of dermal filler use. However, like any aesthetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles, and folds will disappear completely, or you will not experience additional treatments to achieve the desired results. Dermal fillers are temporary and additional treatments are required periodically, involving additional injections for the effect to continue. Duration is dependent on many factors including, age, sex, tissue conditions, general health and lifestyle conditions, and sun exposure.

Common Side Effects & Risks

The following risks may occur, but there may be unforeseen risks not stated on this list. Risks include but are NOT limited to post treatment discomfort, swelling, redness, bruising, and discoloration; post treatment infection related to transcutaneous injection; allergic reactions; herpes simplex virus (cold sores); lumpiness, visible yellow/white patches; Granuloma formation; localized necrosis and/or sloughing, with scab or without scab as blood vessel occlusion occurs. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment.

Photography

I do ____ or do NOT ____ consent to photographs and other materials over the course of my therapy be used for medical, marketing, and educational purposes. Although the materials will not contain my name or any other identifying information, I am aware I may or may not be identified by the photos.

- ☐ I understand this involves payment, and the fee structures have been explained.
- ☐ I understand there are other options for treatment that are available, which have been explained.

I have read and understood all information presented to me before signing this consent form. The staff gave me the opportunity to answer my questions to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Signature: _____ Date _____

Witness Signature: _____ Date: _____