

Patient Consent Form

Hyaluronic Acid Fillers

I confirm that the use, indications, contraindications and potential adverse effects of treatment with the Hyaluronic Acid (HA) Fillers have been explained to me. I understand the information provided. I have answered all questions regarding my medical history truthfully. I have discussed the risks and benefits of HA Fillers with Dr Bela and have received satisfactory answers.

I clearly understand that:

- HA Fillers are a cross-linked hyaluronic acid of non–animal origin.
- HA Fillers are injected via a syringe into the deep and superficial fat compartments beneath the skin or in the dermis (skin) to temporarily (9-18 month) correct fine lines, wrinkles, folds and contours of the face or to temporarily (6-9 months) increase the volume of the lips.
- HA Fillers provide correction for an average of 9 months. The longevity varies depending on the type of skin, areas of injection, amount injected and lifestyle factors (ie. smoking).
- The longevity of the effect of HA Fillers in the lips may be reduced because of the high vascularization and continuous movement of the lips.
- A touch–up procedure a few weeks after the first injection if needed may help increase persistence and optimize results.
- The product contains 0.3% Lidocaine (HCL) that may produce a positive result in anti-doping tests.
- A local anaesthetic (Xylocaine with Adrenaline) will be administered as necessary by Dr Bela.

Have you had allergic reaction to lidocaine or other numbing medicine? **Yes – No**

I clearly understand that after injection of HA Filler, there are some potential side effects which include and may not be limited to the following:

- Inflammatory reactions such as redness, oedema and/or erythema, which may be accompanied by stinging and pain on pressure. These reactions may last up to one week (If longer, this or any other side effect must be reported to the physician as soon as possible).
- Swelling or nodules may develop at the injection site.
- Very rare cases of discolouration of the injection site have been reported.
- Rare cases of necrosis (tissue death), abscesses (collection of pus), granulomas (foreign body reaction) or hypersensitivity (immediate or delayed allergic reactions) have been reported after injections of HAs.
- There are reported cases of vision loss after filler treatment of the forehead area. Chances are one in a hundred million, but it can be minimised with good technique.
- Persistence of inflammation for more than one week or the development of any other side effect must be reported to the physician as soon as possible.
- Increase of bruising or bleeding at injection site if using a substance such as acetylsalicylic acid or ibuprofen.

I have informed my physician of my medical history and I clearly understand that I cannot be treated with HA Fillers:

- If I am pregnant or breastfeeding.
- In areas presented with inflammatory and/or infectious skin problems (acne, etc.).
- If I have a past history of autoimmune disease.
- If I am receiving immunotherapy treatments.
- If I have a known hypersensitivity to HAs.
- If I am undergoing laser therapy, chemical peeling or dermabrasion.
- If I have a tendency to develop hypertrophic scarring.

I have informed my physician about all of the medications that I have taken or am currently taking including herbal medications. I have read the information provided (Dermal Fillers: Hyaluronic Acid) in its entirety and have discussed the risks and benefits of HA Fillers with Dr Bela or his representative. I understand the information provided.

I authorise Dr Bela to provide this treatment. I will follow post-treatment care as outlined, which includes **contacting the office immediately if I have any concerns with regard to side effects following the procedure**. I understand and fully agree to the terms outlined above.

Dr Bela may use pictures taken before and after my treatment for the following purposes. I agree or disagree with their use as follows (please tick the appropriate) provided that these pictures have been shown for me previously:

Scientific/educational purposes - I agree - I disagree

Media/promotional purposes - I agree - I disagree

The treatment with Hyaluronic Acid fillers with Lidocaine has been clearly explained to me and I consent to the injections.

Name: _____

Signature: _____

Date: _____