

Dermal Filler Injection Informed Consent

Information about Fillers

Several categories of dermal fillers are available at Omni Aesthetics: Versa Plus® is a Hyaluronic acid (HA) filler. HA is a natural substance found in your body. These types of fillers are sterile, clear, colorless gel. Radiesse® is a filler made of Calcium hydroxylapatite (CaHA) microspheres suspended in a patented pharmaceutical-grade aqueous gel carrier. Radiesse® microspheres can be seen in x-rays and CT scans; let your healthcare provider know you have had Radiesse® injections

Filler Pricing

Fillers start at \$850 per syringe for Versa Plus® and Radiesse®. Prices are subject to change.

Dermal Fillers Are Not Permanent

Although most clients are pleased with the results, you acknowledge that there are no guarantees, warranties, or assurances that you will be satisfied with your results. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. **IF ADDITIONAL PRODUCT IS DESIRED OR REQUIRED, THERE IS AN ADDITIONAL CHARGE.**

The longevity of the product is variable from person to person (age, smoking, exercise, etc.) Studies have shown these products to last from 4 months to 1 year and longer. Periodic touch-ups are needed to maintain the desired look.

What you should know about the treatment.

The process of filler injections can cause mild to moderate discomfort or pain. We can do a local nerve block to decrease the discomfort associated with the injections. The numbing effect and its duration are dependent upon the amount and type of anesthetizing agent used. We can also mix the anesthetic in with the product. Multiple injections are made using a thin needle or a blunt cannula. Filler injections may be combined with other cosmetic facial procedures to enhance the appearance.

Reasons you may hold off or not get the treatment:

- Clients with severe allergies, history of anaphylaxis, history of multiple allergies, and hypersensitivity to any of the compounds in the dermal fillers.
- Clients with a known history of hypertrophic scarring and keloid formation
- Pregnancy and nursing mothers
- Clients less than 18 years of age
- Autoimmune disorders such as Rheumatoid Arthritis and Lupus
- Cold sore, blemish, rash, or any inflammation or irritation in the areas to be treated
- Permanent implant located in area to be injected
- Clients on immunosuppressive therapy

- Clients taking medications that decrease their bleeding time are more prone to bleeding and bruising
- Retin-A two days prior and two days post-filler
- Clients with an important event planned within the next two weeks due to possible bruising

___ I am aware of the following risks and potential side effects:

Mild to moderate discomfort or pain

Swelling, erythema, and tenderness. We recommend icing post-treatment

Urticaria (hives or itching)

Bruising/Infection. Injection-related reactions can include bruising and infection. We recommend clients avoid aspirin and other non-steroidal anti-inflammatory drugs, such as Advil and Motrin that reduce blood-clotting time. There is a risk of infection whenever the skin barrier is penetrated. The syringe and needle are sterile and standard precautions are taken with all injections. Should any type of skin infection occur, additional treatment, including antibiotics, may be necessary.

Scabbing/Sloughing/Scarring. In less than 1% of treated patients, sloughing of the tissue at the treatment site has been noted. Whenever sloughing occurs, it can result in a shallow scar, which may or may not be permanent.

Hardening at site. This generally softens over time.

Acneiform papules and pustules, rarely, reactions may be treated with other therapy.

Nodules and granuloma. Rare but possible with any filler.

Poor cosmetic result.

Inadequate correction.

Migration. As with all fillers, the filler may move from the place where it was injected.

Accidental needle placement into a blood vessel could result in blockage to an artery, loss of circulation to that area, and tissue death due to a lack of oxygen locally. Very rare instances of heart attack, stroke, and blindness have occurred with filler injections. This risk is greatly reduced with more experienced injectors and the use of a blunt cannula for injection, but you should be aware of the risks.

___ I acknowledge that once the product package is opened, I am responsible for payment for the FULL PRICE of the procedure and that no refunds will be given.

___ I understand that this treatment may involve risks of complication from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

___ I consent and authorize a staff member of Omni Aesthetics, who is licensed and has been trained, to perform dermal filler injections on me. Alternative means of treatment, such as no treatment, topical creams, chemical and laser peels, IPL photorejuvenation, thread lift, fat grafting to the face, or surgical face-lift have been explained to me, and I understand that I have the right to refuse treatment.

___ I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of Omni Aesthetics staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this

discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions during the dermal filler injection and to follow post-injection instructions.

Print Full Name: _____ Date: _____

Signature: _____