DR. HAPPE
medical aesthetics

www.drhappe.com info@drhappe.com 617-597-2600

Patient Consent Form Dermal Fillers: Juvederm Voluma, ®Juvederm®, Juvederm Ultra®, Juvederm Ultra Plus® Vollure and Volbella and Bellafill.

To the patient:
Being fully informed about your condition and treatment will help you make the decision whether or not to undergo Dermal Filler treatment. This disclosure is not to alarm you but to better inform you so that you may withhold your consent for this treatment.

What are the possible side effects?
Most are mild to moderate in nature and their duration is short lasting (7 to 14 days or less). The most common side effects include but are not limited to: **temporary injection site reactions such as redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching and discoloration. Infection and in rare cases blood vessels can be compromised, which may cause bruising but also could develop into a sore area that rarely leads to a scar. Uneven results from filler injections can occur, and are not considered a side-effect of the procedure.**

Bellafill® is indicated for the correction of nasolabial folds and moderate to severe, atrophic, distensible facial acne scars on the cheek in patients over the age of 21 years. Patients who have had a positive reaction to the Bellafill® Skin Test, have a history of severe allergies, have known bovine collagen allergies, are allergic to lidocaine, have bleeding disorders or are prone to thick scar formation and/or excessive scarring should not receive Bellafill®. The safety of Bellafill® for use during pregnancy, breastfeeding, or in patients under 21 has not been established. You may experience temporary swelling, redness, pain, bruising, lumps/bumps, itching, and discoloration at the treatment site. These side effects are usually transient and typically resolve within 1–7 days. You may experience lumps/bumps/papules that may occur more than one month after injection and that may persist. Less common side effects include rash and itching more than 48 hours after treatment, persistent swelling or redness, lumps/bumps, acne,

and increased sensitivity at treatment sites. Infrequently, granulomas may occur and may be treated by your licensed physician provider. Be sure to call your licensed provider immediately if you notice any unusual skin reactions around the treatment area. Based on the 5-year Post-Approval Study on nasolabial folds with 1,008 patients, long-term safety of Bellafill® for up to 5 years has been established.

Extremely rare, but possible: Intravascular injection which can lead to **skin death, stroke or blindness** these may be permanent and not reversible

Are there any reasons I should not receive Dermal Filler injectable gel?

-Patients who have severe allergies marked by a history of anaphylaxis or history or presence of multiple severe allergies.
-Patients with a history of allergies or reactions to any type of injectable filler.
-Patients should not be injected if they have been injected at any time in the past with permanent fillers such as silicone or Artefill.

Patients with a history of cold sores or herpes simplex may experience an outbreak after the injections. It is recommended that you inform Dr. Happe of this condition.
Patients using substances that can prolong bleeding, such as aspirin or ibuprofen as with any injection may experience increased bruising or bleeding at injection site. You should inform your physician before treatment if you are using these types of substances.

Patients who have laser treatment/chemical peeling or any other procedure based on active dermal response is considered after treatment with Dermal Filler injectable gel, there is a possible risk of inflammatory reaction at the injection site.

Use Dermal Filler injectable gel with caution if you are a patient on immunosuppressive therapy or therapy used to decrease the body's immune response, as there may be an increased risk of Infection.

The safety of Dermal Filler injectable gel in patients with a history of excessive scarring (e.g. hypertrophic scarring and keloid formations) and pigmentation disorders has not been studied. The safety of Dermal Filler injectable gel for use during pregnancy, in breastfeeding females or in patients under 18 years has not been established.

Uneven results from filler injections can occur, and are not considered a side-effect of the procedure.

When should I notify Dr. Happe?

Be sure to report any redness and/or whitening and/or swelling and/or pain that lasts for more than a few days or any other symptoms that cause you concern to Dr. Happe.

I have requested that Dr. Happe Medical Aesthetics attempt to improve my facial lines with Dermal Fillers. The results are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning the expected results. **I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.**

Cost/Fees

Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee for touch ups. Because fillers are considered a cosmetic procedure, insurance does not pay for treatment. Payment at the time of service is required for all patients. You may request a price quote before your treatment. Appointments may be reserved with a deposit of $100.00 or more depending on the procedure due at the time of scheduling. We request a 24-hour notice of cancellation for all scheduled appointments. If less than 24 hours notice is given, the deposit may not be refunded.

Initials:_____

Possible side-effects of dermal fillers have been discussed with me and I have no further questions.

All services and products are non-refundable.

_____

Print Name (Please Print)

_____

Patient Signature, Date

Post Treatment Instructions for Dermal Fillers

Cold compresses (a cloth dipped in cold water, wrung out), or ice, may be gently applied to the injected area immediately after treatment to reduce swelling.

Avoid touching the treated area within six hours following treatment so you do not accidentally injure your
skin while the area is numb. After that, the area can be gently washed with soap and water.
For 24 hours following treatment you should avoid:
o Strenuous exercise
o The consumption of alcoholic beverages

Until there is no redness or swelling, avoid exposure of the treated areas to intense heat (sun lamp or sunbathing, ultrasound, ultherapy, lasers)

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If you have previously suffered from cold sores, there is a risk that the needle punctures could contribute to another occurrence.

Avoid sleeping, lying or putting pressure on the injection site for the next week.
You may wish to avoid taking aspirin, non steroidal anti inflammatory medications, St. John's Wort, and high doses of vitamin E supplements for one week after treatment. These agents may increase bruising and bleeding at the injection site. You should consult with your primary care doctor regarding the discontinued use of the aforementioned medications. Continue anti-viral medications as instructed by your physician.

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