Professional Medical Spa
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JUVÉDERM® INFORMED CONSENT

Background

Juvéderm® is a hyaluronic acid compound used as a dermal filler. Juvéderm® has been approved by the FDA for use in cosmetic treatments of fine facial wrinkles and folds. Treatment with Juvéderm® can smooth out folds and wrinkles, add volume to the lips, and contour facial features that have lost their fullness due to aging, sun exposure, illness, etc. Facial rejuventation can be carried out with minimal complications. Juvéderm® is injected into the skin with a very fine needle. The product produces a natural volume under the wrinkle, which is lifted up and smoothed out. The results can often be seen immediately. Treating wrinkles with Juvéderm® is fast and safe and leaves no scars or other traces on the face. Treatments generally last for up to 6 months or longer. Multiple treatments may be necessary to achieve desired results. Touch up treatments may be necessary to maintain desired results. People with a history of cold sores may experience a recurrence after the treatment, although this can be minimized by the use of antiviral medicines.

Risks and Complications

This list is not meant to be inclusive of all possible risks and complications associated with Juvéderm® as there are both known and unknown side effects associated with any medication or procedure. The possible side effects of Juvéderm® include but are not limited to:

1. Post-treatment discomfort, pain, swelling, redness, bleeding, bruising, and discoloration.
2. Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Allergic reaction, particularly to bacterial proteins. Asthma, hay fever, eczema, or a history of multiple allergies may increase this risk.
4. Re-activation of herpes (cold-sores). This can be minimized with the use of anti-viral medications.
5. Lumpiness, visible yellow or white patches in approximately 20 % of cases.
6. Granuloma formation.
7. Localized necrosis and/or sloughing, with or without scab if blood vessel occlusion occurs.

Photographs

Clinical photographs and their use for shall be used for the patient's medical record and for scientific purposes both in publications and in presentations. The patient's identity will always be protected.

Contraindications

JUVÉDERM™ injectable gel is contraindicated for patients with severe allergies manifested by a history of anaphyaxis or history or presence of multiple severe allergies.

JUVÉDERM™ injectable gel contains trace amounts of gram positive bacterial proteins and is contraindicated for patients with a history of allergies to such material.

The safety of Juvéderm® for use in pregnancy, in nursing females, or in patients under the age of 18 has not been established. Such patients should be cautioned before receiving Juvéderm®.

Results

There is no guarantee, warranty, or assurance of results of any treatment. Clinical results vary from patient to patient. Multiple treatments or additional touch ups may be necessary to achieve desired results. Treatments generally last for six to 12 months.

Payment

Payment is due at the time of treatment. All services rendered are charged directly to the patient and the patient is personally responsible for payment. In the event of non-payment, the patient will bear the cost of collection, and/or court cost and reasonable legal fees, should this be required. Touch-ups may be required and payment is required for touch-ups. The regular charge applies to all subsequent treatments. Prices are subject to change without notice. No refunds will be given for treatments received.

Consent

By signing below, I acknowledge that I have read the foregoing informed consent, I understand it, and I agree to the treatment with its associated risks and complications. The procedure has been explained to me and my questions have been answered satisfactorily. I understand that this is an elective procedure and that I have the right to refuse treatment. I understand that I will be injected with Juvéderm® Dermal Filler in the facial area. I understand that Juvéderm® is used for the contouring and volumizing of facial wrinkles and folds. I understand that multiple treatments are necessary to achieve desired results. I have advised my physician or nurse if I am pregnant, trying to get pregnant or if I am nursing. I certify that I have no known allergies to the bacterial proteins. I agree to consult with my physician if I have a history of cold sore or fever blisters prior to this treatment. I have been advised that if I have asthma, hay fever, eczema or a history of multiple allergies as any of these issues may increase my risk of allergic reaction; I understand this risk and I am willing to take this risk. I certify that if I have any change in my medical history I will notify my doctor immediately. I authorize clinical photographs to be taken for my medical record and for scientific purposes both in publications and presentations and that my identity will be protected. I agree to adhere to all safety precautions and regulations during the treatment. I will follow all pre-care and aftercare instructions carefully as they are crucial I do so for healing and for prevention of adverse effects. I hereby voluntarily consent to the current and subsequent Juvéderm® treatments with the above understood. I hereby release Dr. Alex Eshaghian, the person injecting the Juvéderm®, and Alex Eshaghian Medical Corporation from liability associated with this procedure.

Patient Name (print)	Patient Signature	Date

Witness Name (print)	Witness Signature	Date