



Informed Consent – Dermal Filler Injection

Filler used:

Restylane

Juve'derm

Collagen

Radiesse

Although the side effects from dermal filler injection are low, some side effects can occur. I understand that there may be some risks associated with dermal filler injection, including, but not limited to:

___ **Localized Pain.** This can be minimized by the use of either topical numbing cream and/or localized injection of anesthetics.

___ **Redness, itching, discoloration, and tenderness** at the point of the injection. These side effects usually subside within two days of the procedure.

___ Slight **Bruising** at the injection site

___ Rarely **Acne-like formations** and/or the induction of a **cold sore** can occur.

___ On rare occasions, permanent skin discoloration can occur.

___ I acknowledge that I have received post-injection instructions verbally and been given the post care instruction sheet

My signature below constitutes full disclosure and that this supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the contents of this permission form. All my questions have been answered.

*** I fully understand that this is a cosmetic procedure and is not covered by insurance.

Patient Signature: _____

Date: _____