



Juvederm Treatment Consent Form

As a client of Celebrity Spa, you have requested administration of Juvederm: a stabilized hyaluronic acid used in the correction of moderate to severe facial wrinkles and folds. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether or not to go forward with the procedure. (Note: "Juvederm" is used in this form to refer to both Juvederm Ultra and Juvederm Ultra Plus.)

Proposed Treatment

This product is administered via a syringe, or injection, into the areas of the face sought to be filled with the hyaluronic acid to eliminate or reduce the wrinkles and folds. An anesthesia, numbing medicine can be used to reduce the discomfort of the injection.

The treatment site(s) is washed first with an antiseptic (cleansing) solution. Juvederm is a clear transparent gel that is injected under your skin into the tissue of your face using a thin gauge (30G) needle. The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s). Multiple injections might be made depending on the site, depth of the wrinkle and technique used. Following each injection, your injector will gently massage the correction site to conform to the contour of the surrounding tissues. If the treated area is swollen directly after the injection, ice may be applied on the site for a short period of time. After the first treatment, additional treatments of Juvederm may be necessary to achieve the desired level of correction. Periodic touch-up injections help sustain the desired level of correction.

Initials _____

Alternatives

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: animal-derived collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants, or bacterial toxins that can paralyze muscles that cause some wrinkles.

Initials _____

Risks/ Discomfort

include: some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil. These reactions generally lessen or disappear within a few days but may last for a week or longer. As with all injections, this procedure carries the risks of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken. Some visible lumps may occur temporarily following the injection. Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form.

patients who have experienced this hypersensitivity, those with severe allergies, and should not be used in areas with active inflammation or infections (ex: cysts, pimples, rashes or hives). Juvederm should not be used in areas other than the tissues of the face. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after Juvederm treatment, or you have recently had such treatments and the skin has not yet healed completely, there is a possible risk of an inflammatory reaction at the implant site. Most clients are pleased with the results of Juvederm use. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. 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. While the effects of Juvederm use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to one year, involving additional injections for the effect to continue. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

Initials _____

Costs/Fees

Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee for touch ups.

Initials _____

Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand that my identity will be protected.

Initials _____

I have read the above and understand it. My questions have been answered satisfactorily by the doctor or doctor's associates. I accept the possible risks and complications of the treatment.

Patient Signature _____

Date _____

Patient Name (print) _____

Witness Signature _____