



Radiesse Treatment Consent Form

As a client of Celebrity Spa, you have requested administration of Radiesse: an absorbable implant product approved by the United States Drug Administration for 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.

Proposed Treatment

This product is administered via syringe, or injection, into the areas of the face sought to be filled with the implant product 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. Radiesse 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.

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 _____

Facial Bruising, Redness, Swelling, Itching, & Pain

I understand that there is a risk of bruising, redness, swelling, itching, and pain associated with this procedure. These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements, may experience increased bleeding or bruising at the injection site.

Initials _____

Nodules and Palpable Material

I understand that there is a risk that small lumps may form under my skin due to the Radiesse filler material collecting in one area. I also understand that I may be able to feel the Radiesse filler material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.

I understand that the Radiesse dermal filler, as with any filler material, may move from the place where it was injected.

Initials _____

Infection and Allergic Reaction

As with all transcutaneous procedures, I understand that injection of any filler material carries the risk of infection.

I also understand that Radiesse dermal filler should not be used in patients with severe allergies, a history of anaphylaxis, or a history or presence of multiple severe allergies or hypersensitivity to any of the ingredients in Radiesse filler.

Initials _____

Keloids/Scarring

I understand that the safety of Radiesse dermal filler in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.

Initials _____

Accidental Injection into a Blood Vessel

I understand that Radiesse dermal filler can be accidentally injected into a blood vessel, which may block the vessel and cause local tissue damage, or potentially even a heart attack or stroke.

Initials _____

Radio-opacity

I understand that Radiesse dermal filler is radio-opaque and is visible on CT Scans and may be visible in x-rays.

Initials _____

Pregnancy

The safety of Radiesse for use during pregnancy or in breastfeeding women has not been established.

Initials _____

Duration of Effect

I understand that the outcome of treatment with Radiesse dermal filler will vary among patients. In some instances, additional treatments may be necessary to achieve the desired outcome.

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 these possible risks and complications of the treatment and realize that the above list is not meant to be inclusive of all possible risk associated with Radiesse. I understand that medical attention may be required to resolve complications associated with my injection.

Patient Signature _____

Patient Name (print) _____

Date _____

Witness Signature _____

