



## Consent for Fillers:

Juvederm® Ultra Plus XC™, Juvederm Voluma XC, Restylane®, Restylane Silk™

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize and direct Advanced Medicine & Aesthetics delegated providers to inject the cosmetic dermal filler. I understand that this is not an exact science and no guarantee has been made as to final results.

Juvederm® – an FDA approved injectable gel composed of hyaluronic acid indicated for correction of moderate to severe facial wrinkles and folds (such as nasolabial folds). JUVEDERM XC includes Lidocaine and provides enhanced comfort. Please inform your injector prior to injection if you are allergic to Lidocaine.

Juvederm® Voluma™ - an FDA approved hyaluronic acid for the cheek area that helps restore a more youthful profile for up to 2 years with optimal time.

Restylane® – an FDA approved hyaluronic acid that resolves volume and fullness to the skin to correct moderate to severe facial wrinkles and folds. Perlane® and Restylane® also contain Lidocaine for increased comfort. Please inform your injector prior to injection if you are allergic to Lidocaine.

Restylane Silk™ - an FDA approved hyaluronic acid to specifically address lips and fine vertical lines around lips. Restylane Silk™ includes Lidocaine for increased comfort. Please inform your injector prior to injection if you are allergic to Lidocaine.

Restylane Lyft™ - an FDA approved hyaluronic acid indicated for the correction of moderate to severe facial folds and wrinkles, such as nasolabial folds and also for cheek augmentation and correction of age-related midface contour deficiencies in patients over the age of 21. Restylane Lyft™ includes Lidocaine for increased comfort. Please inform your injector prior to injection if you are allergic to Lidocaine.

### **Please inform your injector if you are or could be pregnant.**

I am aware of the following risks and side effects involved with this injectable which could include:

- Bruising
- Redness
- Swelling
- Pain
- Tenderness
- Itching
- Uneven texture, bumpiness
- Infection
- Necrosis
- Potential dissatisfaction

I understand that these reactions, should they occur, could last a few years or longer.

I understand that payment for the above procedure is non-refundable.

By my signature below, I certify that I have read and fully understand the contents of this consent and the disclosures referred to herein were made to me.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Provider