

# KRAUSS DERMATOLOGY, INC.

## HYALURONIC ACID FILLER INJECTION CONSENT FORM

PATIENT \_\_\_\_\_ D.O.B. \_\_\_\_\_

I have read the Restylane/Juvederm information sheet and have discussed any questions with my physician. I understand the benefits to be reasonably expected from this procedure compared with alternative approaches. I also understand the risks and complications of this procedure, which include, but are not limited to:

DISCOMFORT

BRUISING

SWELLING

MULTIPLE TREATMENTS REQUIRED

TEMPORARY IMPROVEMENT

POSSIBLE MOVEMENT/MIGRATION OF FILLER, PARTICULARLY IF PRESSED ON BY AN ILL-FITTING OR TIGHT FACE MASK

INCOMPLETE OR SUBOPTIMAL COSMETIC RESULT

VISIBLE FIRM WHITE OR BLUISH BUMPS

ASYMMETRY

INFECTION, WHICH MAY BE INCREASED BY WEARING OF FACE MASKS, PARTICULARLY IF NOT WASHED/CHANGED OFTEN

DELAYED NODULAR REACTION

ALLERGIC REACTION

DIZZINESS, HEADACHE

SCARRING

INJECTION INTO A BLOOD VESSEL – wound, vision loss (extremely rare)

Please note we often use these medications in an “off label” fashion, in an area or with a method that is not specifically FDA approved.

### Do not use these products if you:

1. Are pregnant
2. Have history of multiple severe reactions
3. Have history of anaphylaxis
4. Are allergic to lidocaine or hyaluronic acid filler
5. Have recently had, or are about to have dental work
6. Have any active infection

I consent to the procedure.

Signature \_\_\_\_\_ Date \_\_\_\_\_