

Disclosure and consent for Botox and/or Dermal Filler

To the patient: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I understand that I will be injected with: Botox Restylane Juvederm Radiesse Perlane

Into the following area(s): Forehead Glabella Crow's feet Nasolabial folds Cheeks Lips
 Other _____

I understand that no warranty or guarantee has been made to me as to results. I understand more than one injection may be needed to achieve a satisfactory result.

The following risks may include, but are not limited to:

Bleeding, bruising, redness, pain, scarring, swelling, discoloration, infection, raised bumps on skin (nodules), headache, allergic reactions, poor cosmetic result, cold sore(if previously had), death, blindness, or stroke.

These risks are not meant to be all inclusive of all possible risks associated with fillers as there are both known and unknown side effects associated with any medication or procedure.

I will follow all aftercare instructions as it is crucial I do so for healing.

By signing below, I acknowledge that I have read the above informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent treatments with the above understood.

Name(print): _____ Date: _____

Signature: _____ Date: _____

Provider Signature: _____ Date: _____