



Consent Filler

Juvederm or Restylane are both Hyaluronic Acid Fillers. This consent form is referencing both Juvederm and Restylane products. HA is a colorless hyaluronic acid that is designed to be injected into facial tissue to smooth wrinkles and plump folds. Juvederm/Restylane are FDA approved for certain areas. Modern Aesthetics, under protocol and extensive training, are able to offer fillers to off label areas if deemed appropriate during consultation. Hyaluronic acid is a polysaccharide found naturally in all living organisms, and has the same chemical structure in all species and tissues. In the skin, Hyaluronic acid binds water to add volume and pliability. As we age, our skin loses its ability to produce Hyaluronic acid. HA is injected into the skin to create volume thereby smoothing wrinkles and providing a fuller shape. The effects of HA fillers are temporary, meaning the injection will have to be repeated on a regular basis to maintain the effects. Results typically last 6 months to one year following the injection.

- I give permission for Provider at Modern Aesthetics to inject using needle or cannula.
- I give permission for Provider to inject Dermal Filler for on and off label use when considered appropriate to achieve my desired aesthetic outcome.
- I understand that my Provider will practice the safest technique possible in order to minimize risk when treatment is offered

Contraindications For This Treatment Include:

- Clients with severe allergies, history of anaphylaxis, history of multiple allergies
- Patients who have allergies to lidocaine if Juvederm/Restylane with lidocaine is being used
- Clients with a known history of hypertrophic scarring and keloid formation
- Pregnancy and nursing mothers
- Clients less than 18 years of age
- Autoimmune disorders such as Rheumatoid Arthritis and Lupus
- Cold sore, blemish, rash, or any inflammation or irritation in the areas to be treated
- Permanent implant located in area to be injected
- Clients on immunosuppressive therapy
- Clients taking medications that decrease their bleeding time are more prone to bleeding and bruising

- I do not have any of the above contraindications or other concerns that prohibit me from wanting this procedure

I am aware of the following risks and potential side effects including but not limited to:

- Mild to moderate discomfort or pain.
- Swelling, erythema, and tenderness. We recommend icing or using cold compresses (without using pressure over injected areas) post-treatment.
- Urticaria (itching).
- Bruising Injection-related reactions can include bruising and infection. We recommend clients avoid aspirin and other non-steroidal anti-inflammatory drugs, such as Advil and Motrin that reduce blood clotting time. Bruising may take up to 3 weeks or longer to heal.
- At this time there are unknown risks of immune sensitivity and reaction from Covid-19 vaccine or virus itself. There may be a small risk of swelling in areas where filler was injected after receiving the Covid-19 vaccine. Further information and details will follow as this is very new. Current best practices include waiting 2-4 weeks between a Covid-19 or Flu vaccine and fillers
- Infection/Abscess - There is a risk of infection whenever the skin barrier is penetrated. The syringe and needle are sterile and standard precautions are taken with all injections. Should any type of skin infection occur, additional treatment, including antibiotics, may be necessary at client's own expense.
- Scabbing/Sloughing/Scarring. In less than 1% of treated patients, sloughing of the tissue at the treatment site has been noted. Whenever sloughing occurs, it can result in a shallow scar, which may or may not be permanent.
- Lumps/Bumps/Hardening at Site. This generally softens over time but can take several months.
- Migration. As with all fillers, Juvederm/Restylane may move from the place where it was injected. This is very unlikely but theoretically possible.

Allergic Reaction. Although rare, an allergic reaction can occur from Juvederm/Restylane.

Delayed Onset Complications - There are literature reports of patients, who receive any type of filler, HA or Non HA, developing delayed onset nodules. This may occur anytime after fillers are received. At Modern Aesthetics we are aware of this literature and our practice standards and product selection and use are designed to minimize this risk.

Blindness / Stroke / Vision Changes - possible if filler enters an artery or vein supplying these vital structures. This may occur with liquid rhinoplasty or any other areas injected in the face.

Necrosis of skin / tissue damage of skin that can be reversible or irreversible.

- Emergency Protocols are in place and treatment of any complications may require administration of other medications for example Hyaluronidase to breakdown the fillers in this case. I give the provider my informed consent to use follow these protocols when appropriate. I give my Provider permission to use Hyaluronidase for cosmetic purposes and emergency purposes. Any secondary or tertiary care received by me will be paid by my own cost.

The administration of Hyaluronidase is in order to help reduce the fullness and effects of prior administration of Hyaluronic acid. We, (your practitioner and associates) may require or suggest the use of Hyaluronidase for either cosmetic or emergent protocol. We have clearly explained to you that we cannot make any promise or guarantee that such administration will be effective. We have explained that if the first administration does not work we may have to do it again in the future. We will do clearly in an effort to help you with this problem and making every effort to avoid further injury. However you understand that the administration of Hyaluronidase may not help and may even cause you additional cosmetic and functional problems that may be permanent. It may cause contour irregularities, further asymmetry of the face and further worsening of the problem you already have. We have explained to you that if the main ingredient of the substance injected to your face was not Hyaluronic acid then this proposed treatment will not be effective on you. Further and additional treatments and surgeries may be required to treat your facial deformities and the financial burden and responsibility for all such additional expenses will be solely yours (the patient). I, (the patient) fully acknowledge and agree that my practitioner and associates have fully explained the risks, benefits, and alternatives associated with the use of Hyaluronidase and that such use may compromise or reverse the overall effect of my previous procedure and I fully release my practitioner and associates of any and all claims and responsibilities associated with my previous procedure. My practitioner and associates have answered all of my patient questions to my complete satisfaction and I fully understand that using Hyaluronidase can alter my facial look as described above and I release my practitioner and associates of all claims and responsibilities in the use of Hyaluronidase. I understand all this information and wish to proceed with the administration of Hyaluronidase. Possible side effects may include: allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat. Less serious side effects may include: pain or tenderness where the medication was injected; or swelling in any part of your body. This is not a complete list of side effects and others may occur. Call my practitioner and associates for medical advice about side effects.

I understand that it is generally recommended to wait 6 weeks to see the final level of correction. If my level of correction is not as I had hoped, I understand that I may need to purchase additional Juvederm/Restylane (or other filler) for injection to reach a higher level of correction. It is also possible that I may need to wait for the injection to wear off if over-correction resulted. I agree to communicate with my practitioner for evaluation and/or additional correction if needed.

I acknowledge that due to my unique skin composition, there are no guarantees, warranties, or assurances that I will be satisfied with my results.

I understand that this treatment may involve risks of complication from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize my practitioner, who has been trained in Hyaluronic acid injections (Juvederm/Restylane) to perform hyaluronic acid injections on me. I agree to pay for this treatment. I understand that I have the right to refuse or stop treatment at any time, but that no refunds will be provided once payment is made (including and even if I am dissatisfied with the results of treatment).

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form as well as the information provided in the Pre/Post Care form. I agree to have my photograph taken to document my condition. My practitioner has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion.

I acknowledge and understand that any touch ups or possible corrections needed will be paid for by myself at regular price.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my Hyaluronic Acid injections in the future at Modern Aesthetics. I may request to revoke my consent by submitting a request in writing to Modern Aesthetics

Legal Disclaimer ? Cold Packs

CAUTION: Individuals with problems in sensing cold should use extreme caution with this product. To avoid frostbite, cold therapy should not exceed 10 minutes at a time. Check for leaks before use. Discard if leaking. For external use only. For Adult use only. Use with cover for insulation. Do not use this cold pack for heat therapy. Talk to your doctor if you have questions about the injury or if swelling or pain persists. Modern Aesthetics and its related partnerships or corporations, or partners, agents or employees shall not be liable for and assumes no responsibility for any loss or damage caused by or resulting from, misapplication of any product sold under the product brand. By purchasing or receiving these products, you understand that as purchasers and/or users you are thoroughly familiar with the correct application and proper care in using said products.

Information for Cold Packs Item: Lip Shaped Cold Packs Description: Red Contents in shape of Lips with Logo of Modern Aesthetics and Contact Info Ingredient: See MSDS (Available in Office) Intended Use: Place in Freezer and apply indirectly to skin to help alleviate discomfort or swelling This Statement has not been evaluated by the FDA. Do NOT give to children or those unable to perform appropriate self-care. Do NOT use if leaking or damaged ? discard if so. Do NOT use if unable to sense cold or you have a medical condition exacerbated by cold

temperatures.

I agree to adhere to the following After Care recommendations

- Cool - Keep skin cool with light application of ice packs every 2 hours for period of 5 minutes or less for 3-7 days
- Calm - Avoid heavy or strenuous activity for 7 days
- Clean - Avoid makeup or irritating products (glycolic or salicylic acid, retinol for example) to area for next 24 hours
- Contact Emergency Number if I develop any new pain or worsening of symptoms. Pain at rest or new changes to skin are not normal and should be reported immediately
- Emergency Number
I Agree to contact Emergency Hotline immediately if needed at 916.953.3248 and/or 911

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

First Name

Last Name

Signature

Sign above