

CONSENT TO FACIAL FILLER INJECTION

PURPOSE AND BACKGROUND

As my patient, you have requested my administration of a Hyaluronic Acid (Hyaluronic Acid, Perlane, Juvederm Ultra, Juvederm Ultra Plus, Prevelle); which are stabilized hyaluronic acids used in 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.

PROCEDURE

1. This product is administered via a syringe, or injection, into the areas of the face sought to be filled with the hyaluronic acid to eliminate or reduce the wrinkles and folds.
2. An anesthetic either topical numbing medicine or a dental block (intraoral injections) may be used to reduce the discomfort of the injections.
3. The treatment site(s) is washed first with an antiseptic (cleansing) solution.
4. Hyaluronic Acid is a clear transparent gel that is injected under your skin into the tissue of your face using a thin (usually 30 G) needle.
5. The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s).
6. Multiple injections might be made depending on the site, depth of the wrinkle(s), and technique used.
7. Following each injection, the injector should gently massage the correction site to conform to the contour of the surrounding tissues.
8. If the treated area is swollen directly after the injection, ice may be applied on the site for a short period.
9. After the first treatment, additional treatments of Hyaluronic Acid may be necessary to achieve the desired level of correction.
10. Periodic touch-up injections help sustain the desired level of correction.

RISKS/DISCOMFORT

1. Although a very thin needle is used, common injection-related reactions could occur. These could include: some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other nonsteroidal anti-inflammatory drugs such as Advil or vitamins such as Vit E.
2. These reactions generally lessen or disappear within a few days but may last for a week or longer.
3. As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken.
4. Some visible lumps may occur temporarily following the injection.
5. Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form. These reactions might last for as long as approximately 2 weeks, and in appropriate cases may need to be treated with oral corticosteroids or other therapy.
6. Hyaluronic Acid should not be used in patients who have experienced this hypersensitivity, those with severe allergies, and should not be used in areas with acute inflammation or infections (e.g., cysts, rashes or hives).
7. Hyaluronic Acid should not be used in areas other than the tissues of the face. (Hyaluronic Acid is now being used in the hands.)
8. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after (one week after) Hyaluronic Acid treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site.



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9. Most patients are pleased with the results of Hyaluronic Acid use. However, like any cosmetic procedure there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the result you seek. While the effects of Hyaluronic Acid use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 4-6 months to one year, involving additional injections for the effect to continue.

10. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

BENEFITS

Hyaluronic Acid has been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Its effect, once the optimal location and pattern of cosmetic use is established, can last 6 months or longer without the need for readministration.

COST/PAYMENT

The cost of treatment will be billed to you individually. Since most uses of Hyaluronic Acid are considered cosmetic, they are generally not reimbursable by government or private healthcare insurers.

PREGNANCY AND ALLERGIES

I am not aware that I am pregnant, I am not trying to get pregnant, I am not lactating (nursing), I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.

QUESTIONS

This procedure has been explained to you by your physician/practitioner, or the person who signed below and your questions were answered. If you have any other questions about this product or procedure, you may call Dr. Daniela Atanassova at (718) 309-9133.

CONSENT

You have been given a copy of this consent form. Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to your physician/practitioner to perform Facial Augmentation and Filler Therapy/Injections using Hyaluronic Acid and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition. The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I have read this informed consent and certify that I understand its content in full. I have had enough time to consider the information from my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I hereby give consent to this procedure and have been asked to sign this form after my discussion with the physician/practitioner.

Patient Name (print)

Signature

Date

Practitioner Name (print)

Signature

Date



Dr D Medical
Wellness

FACIAL FILLER MEDICAL HISTORY

Name _____ DOB _____

Address _____

Email _____

Home Phone _____ Work/Cell Phone _____

Primary Physician's Name _____ Phone _____

Current medications: _____

Allergies: _____ Are you on antibiotics at this time? _____

Circle any of the following illnesses you have or have ever had in the past:

- Autoimmune Disease | Allergy to Hyaluronic acid/Lidocaine | Lupus
- History of Cold Sores | Allergy to Beef/Dairy/Cow's Milk Products | Keloid Formation
- Multiple Severe Allergies/Hypersensitivity to medications

List other Medical Conditions not listed above:

Women: Are you pregnant, trying to get pregnant, or lactating (nursing)? _____

Have you had Plastic Surgery or other surgery to your face/neck areas? _____

If so, when and what? _____

Had Dermal Fillers before? _____ Last Treatment _____

What areas? _____ Were you happy with previous treatment? _____

If dissatisfied, please explain:

Areas of special concern: _____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health, I will report it to the office as soon as possible. I have read and understand the above medical history and questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature _____ Date _____



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BOTOX & FILLER PRE-TREATMENT INSTRUCTIONS

7 Days Before:

- To avoid bruising it is best not to take any anti-inflammatory medication or pain relievers that are blood thinners such as aspirin, Tylenol, Advil, or Motrin
- Avoid the following vitamins & supplements: Vitamin E, Fish Oil, Omega 3 fatty acids, Ginkgo biloba, Garlic, Ginger, cayenne, licorice, flax seed oil and COQ10
- Avoid drinking alcohol a few days before treatment since it, too, is a blood thinner
- Sunburned skin is difficult to treat so avoid exposure to the sun before your appointment
- Avoid waxing, bleaching, tweezing, facial scrubs or the use of hair removal cream on the area to be treated
- Avoid the use of Alpha Hydroxy Acids higher than 10%, Retinol and Retinol A
- If you have a tendency to bruise easily, start taking Arnica Montana, an oral homeopathic medication 3-4 days before treatment to help promote healing, minimize bruising and swelling. It is available at health food stores and pharmacies. It comes in an oral tablet and a topical cream. The cream may be helpful after treatment
- If you have a history of cold sores (Perioral Herpes) the doctor will prescribe a medication for you to start the day before or the day of treatment
- Always inform your clinician of all medications including antibiotics, high blood pressure medication, Coumadin, Plavix, or other blood thinners as well as your medical history

Other Important Information:

- Do not use Botox or dermal fillers if you are pregnant/breastfeeding
- Do not use Botox if you are allergic to eggs or any of its ingredients or if you suffer from any neurological disorders
- Active skin infections are a contraindication to treatment
- It is not recommended to have Botox treatments less than 90 days apart
- Stay well hydrated before and after filler treatment. Dermal filler attracts and binds to water to add volume to the skin
- The most common side effect is bruising and swelling. It is NOT advisable to have injections less than 2 weeks before a big event.
- Schedule a follow up appointment 2 weeks after treatment.



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BOTOX & FILLER POST-TREATMENT INSTRUCTIONS

- **Do not** massage, rub or apply pressure to the treated area for 6 hours after treatment
- Avoid aspirin, ibuprofen, and drinking alcohol for a few days following treatment
- Do not exercise for 24 hrs
- Apply topical Arnica Montana cream to any areas with redness, bruising or swelling
- Avoid exposure to the sun and cold outdoor activities until redness from treatment disappears
- Do not restart Retinol or Retin-A for 2 days

IF YOU HAD BOTOX TODAY:

- Stay erect; do not lie down for at least 4 hours
- You may experience occasional tingling sensations
- An immediate headache is common especially, if it is your first botox treatment
- It can take 2-14 days to take full effect. Botox can last 3-4 months.
- Makeup can be reapplied after treatment

IF YOU HAD FILLER TODAY:

- Avoid kissing, puckering, using a straw, and “lip plumpers”. This can displace the filler material and cause complications.
- Immediately apply ice to the area treated with **very light** pressure to reduce swelling. Ice should be applied for 10-20 minutes and then removed for 10-20 minutes. This cycle can be continued throughout today.
- Mild to moderate bruising is very common with fillers. Apply Topical and/or oral Arnica Montana to help with any areas of bruising and/or swelling.
- Stay well hydrated can improve results. Filler attracts and binds to water to add volume to the skin.
- Avoid facials, peel, micro-dermabrasion, dental treatment, “face down” massages for two weeks. Also, sleep on your back for the next few nights.
- If possible, avoid makeup today. Gentle cleansing and moisturizer is fine.
- The effect of filler is immediate with full effect in 7 days.

*****CALL YOUR DOCTOR OR THE OFFICE IMMEDIATELY TO REPORT ANY PAIN, REDNESS, BLISTERS, ITCHING, OR SKIN BLANCHING*****