

# Consent form for Treatment with fillers

The products ..... given are sterile gels consisting of ..... for injection into skin to correct facial lines, wrinkles and folds, for lip enhancement and for shaping the facial contours.

The use and indications of this product has been explained to me by my practitioner and I have had the opportunity to have all my questions answered to my satisfaction. I have been specifically informed of the following: after the injection, some common injection-related reactions might occur such as swelling, redness, pain, itching, discoloration and tenderness at the implant site. Rare reaction such as granulomas, vascular occlusion and hypersensitivity may occur, necessitating further management of removal.

My practitioner has also informed me that depending on the area treated, skin types and the injection technique, the effect of treatment with this product can last ..... (months/years), but that in some cases, the duration of the effect can be shorter or even longer. Touch-up and follow-up treatment will be necessary to sustain the desired degree of correction.

I have answered the questions regarding my medical history to the best of my knowledge. I have been advised about posttreatment care and will follow the advice given.

I consent to being treated with ..... product.

Name of the patient : .....

Signature of patient : .....

Signature of the witness : .....

Date : .....

