JUVEDERM INFORMED CONSENT

Indications. Juvederm® is a sterile gel consisting of stabilized hyaluronic acid; Allergan, the manufacturer, states that it is biodegradable, and safely and completely metabolized by the body. Juvederm® injections are given to correct facial wrinkles and/or for lip augmentation. Juvederm® has been approved by the FDA (Food and Drug Administration) for correction of facial wrinkles in the nasolabial area (nose-lips) and the fold between the cheek and the nose/upper lip ("on-label" use). I understand that the safety and effectiveness of treating facial areas other than the nasolabial folds has not been studied. This "off-label" aspect of the treatment has been explained to me.
Results. I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and additional treatments may be necessary to maintain the desired effect. I understand that treatments can last anywhere from 4-6 months up to one year. I understand that more than one injection may be needed to achieve a satisfactory result.
Risks and Complications
It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:
1) Post treatment discomfort, swelling, redness, bruising, discoloration, tenderness, and itching (These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases, bruising can last several months and even be permanent.)
2) Post treatment bacterial, viral and/or fungal infection associated with any transcutaneous injections which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3) Allergic reaction. As with any product, allergies can develop during or after injection.
4) Injection into the lip area could cause recurrence of Herpes simplex (facial cold sores) for patients with a history of prior cold sores.
5) Lumpiness, visible yellow or white patches in approximately 20% of cases
6) Granuloma formation
7) Localized Necrosis and/ or sloughing, with scab and/or without scab if blood vessel occlusion occurs.
8) Scarring
Precautions and contraindications
Due to the potential for an allergic reaction, Juvederm® is not recommended for patients with severe allergies or a history of anaphylaxis. The risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin and non-steroidal anti-inflammatory drugs (e.g., Ibuprofen, Aleve, Motrin, Celebrex), high doses of Vitamin E, and certain herbs (Ginkgo Biloba, St. John's Wart). The safety of Juvederm® in pregnant or breast-feeding women has not been established, and is therefore not recommended for these women.
Consent
I understand the need for local anesthesia to reduce the discomfort of the procedure and consent to the topical application of anesthetic gel and/or injections for a nerve block or local infiltrative anesthesia. I understand the above, and have had the risks, benefits, and alternatives explained to me, and have had the opportunity to ask questions. No guarantees about results have been made. To the best of my knowledge, I am not pregnant, and I am not breastfeeding. I give my informed consent for Juvederm® injections today as well as future treatments as needed. If you are under 18 years of age we require a signature of a parent or legal guardian.
I will follow all aftercare instructions as it is crucial for proper healing to take place.
By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Juvederm® treatments with the above understood. I hereby release the doctor, the person injecting the Juvederm® and the facility from liability associated with this procedure.

BOTOX COSMETIC INFORMED CONSENT

I understand that I will be injected with Botulinum A Toxin (Botox) in the area of the glabella muscles to paralyze these muscles temporarily or in the forehead or crows feet around the lateral area of the eyes. Botulinum A Toxin (Botox) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows. Injection of Botox into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available.

1. Risks: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.
2. Infection**:** Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days**.**
4. Although many people with chronic headaches or migraines often get relief from Botox, a small percent of patients get headaches following treatment with Botox, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.
6. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
8. While local weakness of the injected muscles is representative of the expected pharmacological action of Botox, weakness of adjacent muscles may occur as a result of the spread of the toxin.
9. Treatments**:** I understand more than one injection may be needed to achieve a satisfactory result.
10. Another risk when injecting Botox around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.
11. I will follow all aftercare instructions as it is crucial I do so for healing.

As Botox is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botox than others. In most cases this uneven appearance can be corrected by injecting Botox in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months. This list is not meant to be inclusive of all possible risks associated with Botox as there are both known and unknown side effects associated with any medication or procedure. Botox should not be administered to a pregnant or nursing woman. Additionally, the number of units injected is an estimate of the amount of Botox required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

My questions regarding the procedure have been answered satisfactorily. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botox treatments with the above understood. I hereby release the doctor, the person injecting the Botox and the facility from liability associated with this procedure.

LOCAL ANESTHESIA INFORMED CONSENT FORM

Local anesthesia is a technique that allows control of your pain during and after procedure. A local anesthetic solution is injected close to nerve fibers to block the transmission of pain. This will result in numbness and in some cases also in inability to move the anesthetized area below the puncture point. This technique is also called a "Block". After inserting a specific needle through the skin the nerve is located. A local anesthetic will then be injected and it will take approximately 10 to 15 minutes before you feel numbness in the anesthetized area. Local anesthesia is a well-established and safe technique. In addition, all blocks are performed by, or under the supervision of experienced attending physicians. However, like with any other medical intervention there is a small risk of potential side effects:

Allergic reactions: Please let us know if you are known to be allergic to a local anesthetic. Allergic reactions seldom occur, reason why this technique can be recommended if you have a high level of allergies or asthma.
Nerve injury: An injury to the nerve can be caused while the block is performed. If it ever happens, you might experience a transitory sensory deficit or paresthesia (tingling) in a part of the anesthetized area. This sensation will usually disappear within a few days.
Seizures: If a local anesthetic is injected directly into a blood vessel or a very large dose of a local anesthetic is injected, a seizure can occur. To avoid this potential complication, we assure correct needle placement before the local anesthetic is injected. In addition, we will never exceed the maximal recommended dose of the local anesthetic.
Hematoma: A small hematoma or bruise can develop at the site where the needle was inserted. This will usually resolve within a few days.
Infection: Sterile techniques are used when a block is performed. However, there is a very small risk of infection, especially when a catheter is placed to provide long-term pain relief.

My questions, including risks, benefits, and alternatives, have been answered satisfactorily . By signing below, I acknowledge that I have read the foregoing 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. I hereby release the doctor, the provider and the facility from liability associated with this procedure.

I have <u>received</u> and understand the pre /post care instructions. I understand that all procedures will be performed by a licensed nurse practitioner.

Print Name _____

Patient Signature _____ Date _____