

CONSENT FOR TREATMENT

Dermal Filler Injection Procedure

PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested injection of a dermal filler, which is used to treat wrinkles and skin folds. The procedure may require multiple sequential treatments. Hyaluronic acid is a naturally occurring substance that is found within the body. It may be produced by bacteria and purified for use as injectable soft tissue filler in order to correct the appearance of facial wrinkles and creases. The product is approved for use in the U.S. by the Food and Drug Administration for the cosmetic treatment of facial wrinkles and creases.

PROCEDURE

The use of various hyaluronic acid preparations, both natural and synthetic which are injected into the skin to fill depressions including acne scars, wrinkles and volume loss.

RISKS AND COMPLICATIONS

- 1. It is normal to have a small amount of bleeding after a filler injection. Needle marks may also be visible. Bruising in soft tissues may occur. It would be highly unusual, but excessive bleeding may require emergency treatment or surgery. I understand that I should not take any aspirin or anti-inflammatory medications for seven days before an injection. I understand that I need to get clearance from my cardiologist or primary care physician before stopping any medications prescribed to me.
- 2. An infection of the wound is always possible. Should an infection occur, additional treatment including antibiotics may be necessary. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. Any infection could last seven to ten days and could lead to scarring or skin discoloration. Skin rash and swelling may occur. Acneiform skin eruptions can occur also.
- 3. Deeper structures such as nerves, blood vessels and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent. Blood vessels can be occluded causing permanent scarring, necrosis or even blindness. Very rare risk of vascular occlusion that may require additional treatment, more frequent follow-up and/or plastic surgery for correction.
- 4. The most common reported side effects were temporary injection-site redness, swelling, pain/tenderness, firmness, lumps/bumps, bruising, discoloration and itching. There may also be a risk of long-term nodules.
- 5. It is very possible that this procedure may fail to achieve my desired results. Strict adherence to the pre-op and post-op instructions is essential. *I may need to repeat the treatments to achieve the desired results*.
- 6. There may be an uneven appearance of the face with some areas more affected by the fillers than others. This can persist for several weeks or months. The filler material may be visible under the skin. The filler may migrate from its original injection site and produce fullness in nearby tissues or other unintended effects.
- 7. I do not have:
 - a. a history of hypertrophic scarring or keloid formation
 - b. evidence of scars at the intended treatment sites
 - c. acne and / or other inflammatory diseases of the skin, such as rosacea, seborrheic dermatitis, and psoriasis,
 - d. severe allergic reactions (anaphylaxis),
 - e. heightened immune responses to common allergens, especially inhaled allergens and food allergens (atopy),
 - f. an allergy to natural rubber latex,
 - g. an allergy to hyaluronic acid products,
 - h. an allergy to Streptococcal proteins or have plans to undergo administration of graded doses of allergens (desensitization therapy).
 - i. acute or chronic skin disease, such as seborrheic dermatitis or rosacea, in or near the injection sites, or any infection or unhealed wound of the face
 - j. a history of bleeding disorders, clotting disorders such as hemophilia or connective tissue disorders such as systemic lupus erythematosus
 - a history of herpes labialis, but if so, I may ask for a prescription for antivirals to take before and after treatment.
- 8. All but one of our dermal filler products is strictly Hyaluronic Acid based ingredients. The one exception is Radiesse®. Radiesse® dermal filler consists of tiny, smooth, calcium hydroxylapatite (CaHA) microspheres suspended in a sodium

carboxymethylcellulose gel carrier. Upon injection, it initially acts as a filler. It is easily malleable, can be used to shape and contour large areas of the face, and provides an immediate one- to-one correction for results patients can see right away. Once injected, RADIESSE dermal filler starts the process we refer to as neocollagenesis, stimulating the steady, ongoing growth of the body's own collagen. In fact, for many patients, the benefits of treatment with RADIESSE dermal filler last up to a year or more. it is FDA- approved for the correction of moderate to severe facial wrinkles and folds, and for the correction of the signs of facial lipoatrophy in HIV patients.

BENEFITS

Dermal filler injections have been shown to be safe and effective in treating static wrinkles and skin depressions.

ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: topical products such as retinoids, peptides and silicones, neurotoxin injection, dermaplaning, microdermabrasion, RF microneedling, ablative laser resurfacing, plastic surgery and more.

OUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic's general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform dermal filler injections and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient Name (please print)	Patient Signature	Date
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Performed by (please print name and title)	Practitioner Signature	Date



PRE-TREATMENT INSTRUCTIONS

Dermal Filler Injection Procedure

All the dermal fillers used at Nourished MedSpa and Wellness Center are made of substances naturally found in your body. Over time, these will be broken down naturally by your body. Although the most frequently treated areas are nasolabial folds, oral commissures, and lips, the area around the cheekbones may be injected to give the face a younger, fuller and more natural appearance. You may experience discomfort during injection. Anesthetic is used on the skin and is mixed with the filler to minimize this discomfort. The procedure takes about 30-60 minutes and lasts 6 to 12 months.

For two weeks before the procedure, AVOID:

Chemical Peels and Laser/IPL treatments

For one week before the procedure, AVOID:

• Any medications that can prolong bleeding, such as aspirin and non-steroidal anti-inflammatories (NSAIDs) order to reduce the risk of bruising and bleeding at the injection site.

Please contact our office at 903-357-5108 with any questions or concerns.

^{**}If you have previously suffered from facial cold sores, please inform us as there is a risk that the needle punctures could contribute to another eruption of cold sores. **



POST-TREATMENT INSTRUCTIONS

Dermal Filler Injection Procedure

You should see an immediate improvement in the treatment areas. You may experience pain, tenderness, temporary redness, swelling, bruising, firmness, and bumps at the injection sites. These are usually mild to moderate in nature and clear up on their own in 7 days or less. Frequently applying ice to the injection sites to the first 12-24 hours will substantially reduce these symptoms. Any bumps or marks from the extremely small needle sticks will go away within a few hours.

The initial swelling after lip treatment may last longer. Some patients experience swelling for about a week and the lips can look somewhat uneven during that time. This means that the result immediately after the treatment should not be seen as the final result.

After the procedure:

- Wear Sunblock to protect your skin. Sunlight may cause permanent discoloration after bruising.
- You may shower and do most other regular daily activities
- You may apply makeup gently.
- Tylenol should be sufficient to minimize any discomfort

For <u>24 hours</u> after the procedure, you should AVOID:

- Strenuous Exercise
- Sun exposure/heat exposure/tanning beds
- Alcoholic Beverages
- Aspirin and/or non-steroidal anti-inflammatory medications
- Massaging/pressing areas treated
- Extreme cold temperatures

For 48 hours after your procedure AVOID:

Gingko Biloba, garlic, flax oil, cod liver oil, vitamin A, vitamin E or any other essential fatty acids.

If you have changes in your vision, signs of a stroke (including sudden difficulty speaking, numbness or weakness in your face, arms, or legs, difficulty walking, face drooping, severe headache, dizziness, or confusion), white appearance of the skin, or unusual pain during or shortly after treatment, you should notify Dr. Carter immediately.

Please contact our office at 903-357-5108 with any questions or concerns. If you have an emergency or urgent pressing clinical issue, call Dr. Carter at 903-818-3467. Texting is the best way to reach Dr. Carter.

Please make an appointment for follow-up and reassessment in 4 weeks.

Patient Name (please print)	Patient Signature	Date