Injectable Consent Form

Botox®/ Dysport®:
Botox® is an injectable medication consisting of a purified protein derivative of botulinum toxin approved by the Food and Drug Administration for the treatment of facial wrinkles in the glabella. It is used to treat wrinkles around the lips, eyes, forehead, and neck in off-label use (not FDA approved).

Dermal Fillers
Juvederm® is a colorless, hyaluronic acid gel approved by the Food and Drug Administration for injectable treatment of moderate facial wrinkles and folds. It is used for volume enhancement of lips and face in off-label use.

Radiesse®:
Radiesse® is an injectable medication consisting of calcium hydroxylapatite approved by the Food and Drug Administration for the treatment of moderate to severe facial wrinkles and fold and lipoatrophy secondary to IDV. It is used for volume enhancement in the hands in off-label use.

Risk and Complications:

Potential risks and complications, include but are not limited to:

- An allergic reaction, which would be considered extremely rare. Were it to occur, it could be as varied as to a rash to a severe hypersensitivity reaction. Anti-inflammatory medications or additional treatment may be required.

- Infection is rare after injecting into an area, but may occur.

- Scarring may occur at any external puncture sites and/or in the tissue injected. This is a very uncommon occurrence and usually will resolve with time.

- Deformity may occur after an injection(s). Injectable typically spread evenly and smooth through the tissue. The exact cosmetic configuration used will not always be achieved. Additional procedures may be necessary to achieve the desired result.

Risk and Complications Continued:

- Numbness may occur in areas and some areas of numbness may be permanent. Since the injection site(s) is a small area, a numb region(s) would be rare. Although it is not a functional problem, it can be an annoyance. Nerves are very slow to heal and it may be many months before sensation fully returns. In rare cases, areas of numbness may be permanent.

- Discoloration may occur, which could result in persistent redness or bruising at the injection site. This typically goes away without further treatment, but may last several months.

- Persistent folds, depressions and wrinkles may occur. Injections typically improve skin irregularities in the area of the injection, however there are no promises or guarantees regarding degrees of or permanency of improvement.

- Bruising may occur following injectable medication administration(s). Patients taking anticoagulants, including some supplements, are at higher risk for bruising.

- Transient headaches may occur following injectable administration(s). This will typically resolve within a few days.

- Ptosis, or drooping of the eyelid may occur following injectable administration(s). Drooping of the eyelid occurs ifBotox® Cosmetic diffuses beyond the treatment site to affect the muscle of the eyelid. If this occurs, it typically resolves without further intervention.

- Asymmetry may occur following injectable administration(s). While every effort is made to ensure that administration of the medication is performed evenly, occasional asymmetry of the injection site may occur.

- Lack of effect may occur following injectable administration(s). Some patients are not responsive to the standard doses of Botox® Cosmetic and/or any of the injectable(s) listed above. If this occurs, an additional treatment may be required to achieve satisfactory result. Patient is responsible for entire cost of any/all treatments, even if such treatments are additional unanticipated treatment(s).

- Cold sores may occur following injectable administration(s). In patients with a history of cold sores, administration of injectable(s) may precipitate a flare-up. Pre-treatment with an anti-viral medication can decrease the chances of this occurring.

- Discomfort may occur following injectable administration(s). Occasionally, patients may have mild residual/temporary tenderness following treatment(s).

- Pregnancy, breast feeding, allergies to gram positive proteins, history of allergy to any/all injectable(s), history of keloid scarring, current inflammation/infection, minor under 18 years of age, Coumadin use, amyotrophic lateral sclerosis, myasthenia gravis, other neuromuscular diseases, or other medical conditions may render a patient ineligible for treatment.

Risk and Complications Continued:

The treating physician will make the final decision as to whether treatment is appropriate.

- **Off label use:** I understand, that the Food and Drug Administration have approved many of the medications used for cosmetic procedures for different uses other than the intended use today. It has been explained to me and I am excepting the use of this medication in this manner.

- **All Complications may result in additional procedure(s) at an additional expense to the patient. Sarah Hamilton Face, LLC will not pay or be responsible for any of these charges/payments.**

Signatures: By signing below, I acknowledge that I have read and understand this Injectable Informed Consent Form and that I have had all my questions answered by my provider and/or physician. I understand I have a right to receive a copy of this consent upon request. I acknowledge and agree that no promise or representation has been made to me of a perfect injectable result. By signing below, I consent to any/all of the above injections.

_____ _____

Date of Treatment Signature of Patient and date

_____ _____

Signature of Provider and date Signature of Geoffrey D. Stiller, M.D. FACS and Date