



415 BUSINESS PARK LANE, ALLENTOWN, PA 18109 | 610-844-7229

## COSMETIC INJECTABLE FILLERS

Filler Therapy is used in the correction of moderate to severe facial wrinkles and folds. Cosmetic injectable fillers are administered via syringe and injected under the skin into the tissue of the face. The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s).

Although a very thin needle is used, common injection-related reaction could occur such as swelling, pain, itching, discoloration, bruising or tenderness at the injection site. Increased bruising or bleeding at the injection site could occur if the patient is using substances that reduce blood clotting, such as aspirin or non-steroidal anti-inflammatory drugs. Such reactions generally disappear in a few days but may last longer. 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. Visible lumps may occur temporarily after injection. Some patients may experience swelling or tenderness at the injection site and in rare occasions, pustules may form. Reactions may last as long as 2 weeks and may need to be treated with oral corticosteroids or other therapy.

Fillers should not be used in patients who have experienced hypersensitivity or those with severe allergies, and should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes, hives). Fillers should not be used in areas other than tissues of the face.

This is a voluntary cosmetic procedure. Treatment is not necessary or required. Alternative treatments varying in sensitivity, effect, and duration include: animal-derived collagen fillers, hyaluronic acid fillers, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants, or bacterial toxins which can paralyze muscles that cause some wrinkles.

As with any cosmetic procedure, there is no guarantee that wrinkles and folds will disappear completely, or that additional treatments will not be required to achieve the desired results. The procedure is temporary and additional treatments will be required, generally within 6 months to a year, involving additional injections for the effect to continue.

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## CONSENT

I, \_\_\_\_\_ have read this entire information sheet and authorize Michelle Balbi, RN, to perform Facial Augmentation and Filler Therapy/Injections using Juvederm/Radiesse/Restylane/Perlane. I agree to have both pre and post treatment photos taken for my records. The nature and purpose of this procedure, with possible alternative methods of treatment, as well as complications, have been fully explained to me. 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 contents in full.

Nurse Injector \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness/Nurse Signature \_\_\_\_\_