Client Consent for Dermal filler/Juvéderm®

The use, indications, contraindications and potential adverse effects of treatment with the Juvéderm® range of products have been explained to me. I understand the information provided. I have answered all questions regarding my medical history truthfully. I have discussed the risks and benefits of Juvéderm® with my physician/healthcare professional (HCP) and have received satisfactory answers.

I clearly understand that:

- Juvéderm® is a cross-linked hyaluronic acid of non-animal origin.
- Juvéderm® is injected via a syringe into the dermis (skin) to temporarily correct fine lines, wrinkles, folds and contours of the face or to temporarily increase the volume of the lips.
- Juvéderm® provides correction for an average of 6 months. This effect varies depending on the type of skin, areas of injection, amount injected and injection technique.
- The longevity of the effect of Juvéderm® in the lips may be reduced because of the high vascularization of the lips.
- A touch-up procedure a few weeks after the first injection may help increase persistence and optimize results.
- A local anesthetic will be administered as necessary by the physician/HCP.

I clearly understand that after injection of Juvéderm®, there are some potential side effects which include and may not be limited to the following:

- Inflammatory reactions such as redness, edema and/or erythema, which may be accompanied by stinging, pain or pressure. These reactions may last up to one week.
- Swelling or nodules may develop at the injection site.
- Very rare cases of discolouration of the injection site have been reported.
- Rare cases of necrosis in the glabellar region. Abscess, granuloma or hypersensitivity have been reported after injections of hyaluronic acid.
- Persistence of inflammatory reactions for more than one week or the development of any other side effect must be reported to the physician as soon as possible.
- Increase of bruising or bleeding at injection site if using a substance such as acetylsalicylic acid or ibuprofen.

I have informed my physician/HCP of my medical history and I clearly understand that I cannot be treated with Juvéderm®:

- If I am pregnant or breast-feeding
- In areas presenting with inflammatory and/or infectious skin problems (acne, etc.)
- If I have a past history of autoimmune disease
- If I am receiving immunotherapy treatments
- If I have a known hypersensitivity to hyaluronic acid
- If I am undergoing laser therapy, chemical peeling or dermabrasion
- If I have a tendency to develop hypertrophic scarring

I have informed my physician about all of the medications that I have taken or am currently taking including herbal medications (i.e. ginseng).

I have read the information provided in the record of consultation for Juvéderm® in its entirety and have discussed the risks and benefits of Juvéderm® with my physician/HCP or his/her representative. I understand the information provided.

☐ I consent to injection of Juvéderm®

Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

Payment

I understand that this is a cosmetic procedure and that payment is my responsibility.

Name of patient (please print)	*Patient signature*	*Date*
Name of physician/HCP (please print)	*Physician/HCP signature*	*Date*