



Informed Consent for Injectable Fillers

1. I, _____, consent and authorize the staff at Flawless Fillers to perform with injectable fillers to improve the appearance of scars and or wrinkles or to have my lips augmented. The fillers to be used include Restylane, Collagen, and or Juvaderm. _____
2. The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction. _____
3. The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction _____
4. I am fully aware of the risks and of complications or injuries that can occur from this treatment, both from known and unknown causes and I freely assume those risks. _____

The known complications include:

- Redness, swelling/edema, itching pain or pressure lasting more than a week
 - Nodules or induration at the injection site
 - Discoloration of the injection site
 - Poor effect or weak filling
 - Allergic reaction
 - In the extreme rare case skin necrosis or skin death may occur as a result of the injection into a blood vessel. This may result in financial costs, extended care, and scar formation
5. I also certify that I have none of the known conditions that would contraindicate treatment. these conditions include hypertrophy scars, a history of any autoimmune disease, vascular disease, HIV disease, immune therapy or psychiatric disease. I am not pregnant, breast-feeding, and I have NO known allergy to Hyaluronic acid, anesthetic agents, latex gloves should they be used, or bovine source collagen. _____
 6. I certify that I have read this entire informed consent and I understand and agree to the information stated in this form. I certify that I am a competent adult at the least the age of 18. This informed consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns. I agree that any picture taken of the treatment site may be used for publication and teaching purposes, however my name will not be disclosed and all

reasonable attempts to maintain complete confidentiality of my name will be remained.

7. Furthermore, I completely and totally indemnify Flawless Fillers, and it's owners, agents, employees, shareholders, and independent contractors from any and all liability in relation to the performance of the procedures. Any clinical follow up or correction would have to be done on my own cost with the practitioner of my choosing.
8. No guarantees, warranty or assurance have been made to me as the treatment results _____
9. I understand that the results are of temporary nature, and more treatments will be needed to maintain improvement. I agree to adhere to all the safety precautions described here including: _____
 - a. Avoiding prolonged sun or UV exposure
 - b. Avoiding saunas for 2 weeks after the injections
 - c. Avoiding steam baths for 2 weeks after injections
 - d. Makeup should be avoided for 12 hours
10. I agree to pay the full amount at the time of completed services

Patient name: _____

Signature: _____

Date: _____