

Dermal Filler Consent

Informed Consent: I understand that 18 Spa, aesthetic staff are offering me an informed consent regarding aesthetic services. This consent serves to educate me, inform me of alternative options, reviews common/uncommon/temporary/permanent risks and complications, use of my photos or videos for marketing purposes and approval with my signature. By signing this form, I consent to photographs, treatment and release all liability from 18 Spa. I understand that this is an elective procedure and therefore accept all risks associated with this procedure.

Treatment: Dermal Fillers

Purpose: Enhance facial and lip areas in the mid to deep dermal spaces, for added volume, shape, evenness, contour, and to maintain a renewed, refined and youthful appearance

Common side effects, risks, complications: bruising, swelling, redness, pain, itching, infection, cold sore outbreak, granuloma (rare).

Pre-care: Avoid alcohol, aspirin, NSAIDS, vitamin E, fish oil, flaxseed oil for a few days prior.

Contraindications: You cannot have dermal fillers if you are allergic to hyaluronic acid components, pregnant/lactating, could be pregnant, have active skin infections or immunosuppressive therapy.

Post-care: Stay upright for 4 hours after. No massaging areas injected. Do not sleep on the face/face side for a few days. Avoid aspirin, NSAIDS (as listed in pre-care) for a few days after injections. Use Arnica cream or pills to heal any bruising.

Follow-up and touch ups: Follow-up at 2-4weeks. Touch Ups may be necessary and are not related to initial injection costs.

Alternative options: Fat transplant to face, other injectables, do nothing.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regimen, I will consult with my provider immediately. I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa responsible for any of the conditions that were present, but not disclosed at the time of the skin care procedure, which may be guided by the treatment form today.

Client Name (printed) _____ Date _____

Client Name (signature) _____

Skin Care Professional (signature) _____