

Juvederm® Consent

Before beginning your treatments, please review this important information.

What is it?

JUVEDERM™ Ultra Plus injectable gel is a colorless hyaluronic acid gel that is injected into facial tissue to smooth wrinkles and folds, especially around the nose and mouth. Hyaluronic acid is a naturally occurring sugar found in the human body. The role of hyaluronic acid in the skin is to deliver nutrients, hydrate the skin by holding water, and to act as a cushioning agent.

What does it do?

JUVEDERM™ Ultra Plus injectable gel temporarily adds volume to facial tissue and restores a smoother appearance to the face.

How is it used?

JUVEDERM™ Ultra Plus injectable gel is injected into areas of facial tissue where moderate to severe facial wrinkles and folds occur. JUVEDERM™ Ultra Plus injectable gel temporarily adds volume to the skin and may give the appearance of a smoother surface.

What will it accomplish?

JUVEDERM™ Ultra Plus injectable gel will help to smoother moderate to severe facial wrinkles and folds. Most patients need one treatment to achieve optimal wrinkle smoothing, and the results last about six months.

What are the possible side effects?

Most side effects are mild or moderate in nature, and their duration is short lasting (7 days or less). The most common side effects include but are not limited to temporary injection site reactions such as: redness, pain/tenderness, firming, swelling, lumps/bumps, bruising, itching, and discoloration. As with all skin injection procedures there is a risk of infection.

Are there any reason why I should not receive JUVEDERM Ultra Plus injectable gel?

Your physician will ask about your medical history to determine if you are an appropriate candidate for treatment. JUVEDERM™ Ultra Plus injectable gel should not be used in patients who have:

- Severe allergies marked by a history to anaphylaxis or history or presence of multiple severe allergies.
- Patients with a history of allergies to gram-positive bacterial proteins.

What should my physician advise me about?

The following are important treatment considerations for you to discuss with your physician and understand in order to help avoid unsatisfactory results and complications.

- Patients who are using substances that can prolong bleeding, such as aspirin or ibuprofen, as with any injection, may experience increased bruising or bleeding at injection site. You should inform your physician before treatment if you are using these types of substances.
- If laser treatment, chemical peeling or any other procedure based on active dermal response is considered after treatment with JUVEDERM™ Ultra Plus injectable gel, there is a possible risk of an inflammatory reaction at the treatment site.
- JUVEDERM™ Ultra Plus injectable gel should be used with caution in patients on immunosuppressive therapy, or therapy used to decrease the body's immune response, as there may be an increased risk of infection.
- The safety of JUVEDERM™ Ultra Plus injectable gel for use during pregnancy, in breastfeeding females or in patients under 18 years has not been established.
- The safety of JUVEDERM™ Ultra Plus injectable gel in patients with a history of excessive scarring (e.g. hypertrophic scarring and keloid formations) and pigmentation disorders has not been studied.

What should my physician warn me about?

The safety and effectiveness of JUVEDERM™ Ultra Plus injectable gel for the treatment of areas other than facial wrinkles and folds (such as lips) have not been established in controlled clinical studies.

Do the injections hurt?

Injections may cause some discomfort during the after the injection. JUVEDERM™ Ultra Plus injectable gel is injected directly into the skin using a fine needle to reduce injection discomfort. Physicians may choose to numb (anesthetize) the treatment area to further minimize discomfort.

What should I expect following the procedure?

Your physician will tell you what to expect following treatment with JUVEDERM™ Ultra Plus injectable gel. Within the first 24 hours, you should avoid strenuous exercise, extensive sun or heat exposure and alcoholic beverages. Exposure to any of the above may cause temporary redness, swelling, and/or itching at the injection sites. If there is swelling, you may need to place an ice pack over the swollen area. You should ask your physician when makeup may be applied after your treatment.

Does the correction last forever?

No. Correction is temporary; therefore, touch-up injections as well as repeat injections are usually needed to maintain optimal correction.

What other treatments are available to me?

Other treatments for dermal soft tissue augmentation include bovine-based collagen and other hyaluronic acid-based dermal fillers. Aside from these treatments, additional options for the correction of lines and wrinkles do exist, including facial creams, BOTOX® Cosmetic (botulinum toxin type A), chemical peels, and laser skin surface treatments, and may be discussed with your physician.

When should I notify my physician?

Be sure to report any redness and/or visible swelling that lasts for more than a few days or any other symptoms that cause you concern to your physician and/or contact INAMED Product Support at 1-800-624-4261.

For further questions and information please call 1-800-766-0171.

I have read the information titled "About JUVEDERM™ Ultra Plus" in its entirety and have discussed the risks and benefits of dermal filler treatment with my physician and his/her representative. I understand the information provided. I agree to my being treated with JUVEDERM™ Ultra Plus.

Please note that the Non-surgical Blepharoplasty procedure using Juvederm includes one complimentary follow-up appointment to be used within 6 months. _____ **Initial**

I consent to be photographed before, during and after the treatment. These photographs shall be the property of the Westside Aesthetics. These photographs may be published in scientific journals, shown for scientific reasons, and/or used in patient education both in and out of the office. I agree to keep the Westside Aesthetics informed of any change of address so that they can notify me of any late findings.

Patient Signature _____

Date _____

Print Name _____