Restylane Patient Informed Consent to Treat

Injectable Restylane Implant is a gel of hyaluronic acid generated by Streptococcus bacteria. There is no necessity for skin testing prior to receiving Restylane treatment. Restylane is indicated for implantation into the mid to deep dermal layers of the skin in order to temporarily provide correction of moderate to severe facial wrinkles and folds. Restylane has been shown to provide correction to the injected sites for up to 6 to 9 months; however, the correction does not last as long when used for lip augmentation. Restylane has not been studied for safety and effectiveness in any other anatomic regions other than naso-labial folds. Restylane should not be used by patients with severe allergies and with a history of anaphylaxis, pregnant or nursing, under the age of 18, in areas of active infection, or on immunosuppressive therapy. The risks involved in receiving Restylane injections include temporary inflammation at injection site, demonstrated as redness, slight swelling, bruising, tenderness and possibly itching. This typically clears up in less than 7 days post injection. If laser treatment, chemical peeling or any other procedure based on active dermal response is considered after treatment, there is a possible risk of eliciting an inflammatory reaction at the implant site.
Without touch up injections, the correction will subside gradually and your skin will look like it did before treatment.
Patients using substances that reduce coagulation, such as aspirin and non-steroidal anti-inflammatory drugs may experience increased bruising or bleeding at the injection sites. Other risks may include temporary local pain, redness, and itching, temporary skin discoloration, bruising and swelling in the treated area. Additional side effects are possible, but none have been observed or are known of at this time.
You should contact your physician immediately should any unusual side effects occur.

As with any injection procedure, there exists the risk of side effects. These risks have been explained to me in detail. I have read the above information and have had the procedure explained to me by my doctor or his representative. I understand the success of this procedure cannot be guaranteed and I am aware of the benefits and risks associated with this procedure. I give my consent to proceed with treatment with Restylane by Dr. _____or his/her representative. I understand that there shall be no liability on the U Medspa.

Patient Signature_____ Date_____

Witness Signature_____ Date_____
MD's Signature_____ Date_____
Additional treatments
Patient Signature_____ Date_____
Witness Signature_____ Date_____
MD's Signature_____ Date_____

Patient Signature_____ Date_____
Witness Signature_____ Date_____
MD's Signature_____ Date_____

*This consent form is good for one year.