

Juvederm Patient Informed Consent to Treat

Injectable Juvederm Ultra and Juvederm Ultra Plus Implants are gels of hyaluronic acid generated by non animal protein. There is no necessity for skin testing prior to receiving Juvederm treatment, as allergic reaction is very unlikely. Juvederm 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.

Juvederm 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.

Juvederm has not been studied for safety and effectiveness in any other anatomic regions other than naso-labial folds and is not FDA approved for any other sites other the nasal labial folds. Juvederm 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 Juvederm injections include very temporary inflammation at injection site, demonstrated as redness, slight swelling, bruising, and tenderness and possibly itching. 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 as it did before treatment. Patients using substances that reduce coagulation, such as aspirin and non-steroidal anti-inflammatory drugs may experience increased bleeding with resulting bruising 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 treatment with Juvederm 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 _____

* This consent form is good for one year