



FILLERS INFORMED CONSENT

DERMAL FILLERS

Dermal fillers are injectable substances used to add volume, smooth lines, and enhance facial contours. These fillers are composed of various materials, such as hyaluronic acid, calcium hydroxylapatite, or poly-L-lactic acid, which are safely absorbed by the body over time. Dermal fillers can address concerns such as wrinkles, fine lines, volume loss, and asymmetry, providing natural-looking results. It is essential to understand the risks, benefits, and alternatives associated with dermal filler treatment before proceeding.

CLIENT ACKNOWLEDGEMENTS

By signing below, I acknowledge that:

I understand that dermal filler treatment involves the injection of a biocompatible substance into targeted areas of the face to add volume, enhance contours, and reduce the appearance of wrinkles and fine lines.

I have been informed that the effects of dermal fillers are temporary and typically last for several months to a year, depending on the type of filler used, the treated area, and individual metabolism.

I understand that while dermal fillers are generally safe when administered by a qualified healthcare professional, there are potential risks and side effects, including but not limited to bruising, swelling, redness, tenderness, lumps, asymmetry, infection, allergic reactions, and vascular complications.

I acknowledge that certain activities, such as strenuous exercise and exposure to extreme temperatures, may increase the risk of complications following dermal filler treatment, and I agree to follow all pre- and post-treatment instructions provided by my healthcare provider.

I acknowledge that I have been informed about alternative treatments and understand that dermal fillers may not be suitable for all concerns or desired outcomes.

I acknowledge that I have had the opportunity to ask questions and have received satisfactory answers regarding the dermal filler procedure, including its risks, benefits, and alternatives.

I consent to undergo dermal filler treatment and agree to follow all pre- and post-treatment instructions provided by my healthcare provider.

Client's Name

Client's Signature

Date