



AOB Med Spa
HYALURONIC ACID FILLER INFORMED CONSENT FORM

Last Name

First Name

DOB

Referred by:

Email Address:

Street Address, State and Zip:

This consent form is designed to verify that you have been satisfactorily informed and educated in respect to your skin care treatment, as well as its aftercare, so that you may make an educated decision as to whether to have this procedure performed. Please read and initial each paragraph below, and freely ask us any questions you may have.

GENERAL INFORMATION:

_____ Prior to receiving this treatment, I have been candid in revealing any condition that may have a bearing on this procedure, such as pregnancy or breastfeeding; any significant medical disease; severe allergies, including any allergy, intolerance, or anaphylaxis to gram-positive bacterial proteins; any bleeding disorder; any history of cold sores; or any permanent implants close to the region to be injected.

_____ I understand that Belotero Balance®, Juvéderm® Ultra XC, and Juvéderm® Ultra Plus XC are FDA-approved to treat moderate to severe wrinkles and folds, such as from the nose to the corners of the mouth. Other common off-label treatment sites include the lips, the tear troughs, and the hands. Juvéderm® Voluma XC is FDA-approved to volumize the cheek area.

_____ I understand that the selected hyaluronic acid filler will be injected intradermally (in the skin), subcutaneously (under the skin), or periosteally (over the bone), depending on the product and the location. After topical anesthetic is administered, the filler is injected into the proposed site using a fine needle or a blunt-tipped cannula and a syringe. I have been informed of the product and the location to be administered.

_____ I understand that the ingestion, within 1 to 2 weeks of treatment, of medications and supplements such as aspirin, anti-inflammatory medications, non-steroidal anti-inflammatory drugs (NSAIDs), anti-coagulants, vitamin E, St. John's Wort, garlic, ginger, ginseng, ginkgo biloba, feverfew, and Omega 3/fish oil may result in an increased and prolonged duration of bruising at or near the injection site.

_____ I understand that there will be an immediate response following treatment. Because swelling at the injection site is common, optimal results may not be seen until 2 weeks post-treatment. The results of a single therapy with hyaluronic acid fillers may last between 2 and 12 months, or in the case of Juvéderm® Voluma XC, up to 24 months. The duration of the effect may be affected by the location of the injected product, the amount of the product injected, as well as the specific product utilized.

Tech Initials

Date



undesired results, complications or effects and hereby release and hold harmless AOB Med Spa from liability if such results or complications occur.

____ Any payment made on AOB Med Spa treatments is non-refundable. Any unused treatments will be available as an in-house credit on your account, and can be used to purchase treatments or products.

I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure described above.

Client Signature (or Responsible Guardian)

Date

Witness

Date

Tech Initials **Date**