

# **BELOTERO | JUVEDERM | PERLANE | RESTYLANE INFORMED CONSENT**

## **SECTION 1**

### **INTRODUCTION TO BELOTERO | JUVEDERM | PERLANE | RESTYLANE**

BELOTERO | JUVEDERM | PERLANE | RESTYLANE are sterile gels consisting of non-animal stabilized hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds in the United States and used to enhance the appearance & fullness of lips in over 60 other countries.

Hyaluronidase injections are used to take away BELOTERO | JUVEDERM | PERLANE | RESTYLANE and will be used sometimes to augment your results. Rarely, allergic reactions can occur with these injections, including the risks below that are similar to BELOTERO | JUVEDERM | PERLANE | RESTYLANE injections.

## **SECTION 2**

### **RISKS OF PROCEDURES**

Please review the following statements before signing this document as your acknowledgement and understanding of this consent form and the risks involved in this procedure.

- The details of the procedure have been explained to me in terms I understand.
- Alternative methods and their benefits and disadvantages have been explained to me.
- I am aware RESTYLANE | JUVEDERM | BELOTERO | PERLANE products are made from hyaluronic acid and are used as temporary filling agents for lines/wrinkles and to augment soft tissues of the face.
- I understand and accept the most likely risks and complications of BELOTERO | JUVEDERM | PERLANE | RESTYLANE injection(s) that include but are not limited to:

- Swelling and/or itching at injection site• Redness and/or bruising
- Facial Pain• Skin discoloration
- Scabbing around injection site• Tenderness at the implant site

These reactions typically resolve:

- Injection into the skin:Injection into the lips
- 2 to 3 days after treatment• Within a week after treatment

- I understand and accept that other more rare reactions may occur with the use of BELOTERO | JUVEDERM | PERLANE | RESTYLANE injection(s) that include but are not limited to:

- swelling at the implant site (sometimes affecting surrounding tissue)
- Redness• Acne-like formations
- Permanent scarring at or around injection site
- Tenderness
- Extremely rare risks include damage to Organs, Nerves, Vessels, Infection, Death, Anesthesia Risks, Poor Results, Bleeding, Damage to Eye, Stroke, Blindness.

These reactions are rare (1 in 5,000 treated patients) and may occur one to several weeks after treatment. The average duration of these reactions are two (2) weeks.

- I am aware that the duration of the BELOTERO | JUVEDERM | PERLANE | RESTYLANE varies from patient to patient. Injections into the skin may last 6 months or longer while injections into the lips may last from 4 to 6 months.
- I am aware that follow-up treatments may help sustain the desired effect of the BELOTERO | JUVEDERM | PERLANE | RESTYLANE treatment.
- I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- I understand and accept the less common complications, including the remote risk of death or serious disability that exists with this procedure.
- I have informed the doctor of all my known allergies.
- I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies, and any other oral or topical treatments.
- I have been advised whether I should take any or all of these medications on the days surrounding the procedure.
- I am aware and accept that no guarantees about the results of the procedure have been made or implied.
- I have been informed of what to expect post-treatment, including but not limited to: estimated recovery time, anticipated activity level, and the necessity of additional procedures if I wish to maintain the appearance this procedure provides me.
- I am not currently pregnant or nursing and I understand that should I become pregnant while using this drug there are potential risks, including fetal malformation.
- If pre- and post-operative photos and/or videos are taken of the treatment for record purposes, I understand that these photos will be the property of Aesthetic Facial Plastic Surgery and may be used for used for medical, educational, scientific purposes and advertising purposes.
- I have had an opportunity to review and sign Aesthetic Facial Plastic Surgery's Photographic / Videographic Documentation Consent Form.
- The doctor has answered all of my questions regarding this procedure.
- I have been advised to seek immediate medical attention if swallowing, speech or respiratory disorders arise.

### SECTION 3

## POST-TREATMENT INSTRUCTIONS

The following post-treatment procedures should be followed:

- Cold Compresses may be used immediately after treatment to reduce swelling. It is suggested to use a soft cloth dipped in cold water, wrung out, and applied to the injection area.
- Avoid touching the treated area within six hours following treatment to avoid injuring your skin. Afterwards, the area can be gently washed with soap and water.
- Avoid exposing the treated area to intense heat or UV lamp exposure until there is no redness or swelling.
- If you suffer from cold sores, there is a risk that the needle punctures could contribute to another recurrence. Speak to your physician about medications that may minimize a recurrence.
- Avoid taking aspirin, non-steroidal anti-inflammatory medications, St. John's Wort and high doses of Vitamin E supplements for one week after treatment. These may increase bruising and bleeding at the injection site.

## **SECTION 4**

### **DISCLAIMERS**

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- A. THE ABOVE TREATMENT OR PROCEDURE TO UNDERTAKEN.
- B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT.
- C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE EXPLANATION.

I AM AWARE THAT THE PRACTICE OF MEDICINE IS NOT AN EXACT SCIENCE AND ACKNOWLEDGE THAT NO GUARANTEES OR PROMISES HAVE BEEN MADE TO ME ABOUT THE RESULTS OF THE PROCEDURE.

I ALSO UNDERSTAND THAT MY RESULTS AND RECOVERY WILL VARY AND MAY NOT BE SIMILAR TO THE RESULTS AND RECOVERY OF THAT OF OTHER PATIENTS INCLUDED THOSE DEPICTED IN AESTHETIC FACIAL PLASTIC SURGERY, P.S ADVERTISING.

BE SURE TO ASK YOUR PHYSICIAN IF YOU HAVE ANY QUESTIONS ABOUT YOUR CARE OR PROCEDURE.

It is important that you have read the above information carefully and have all your questions answered before signing the consent form.

I authorize and direct Dr Philip Young, M.D., with associates or assistants of his or her choice, to perform the following procedure of BELOTERO | JUVEDERM | PERLANE | RESTYLANE injection(s) for the treatment of the proposed areas.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature. If signing on behalf of a minor, I certify that am the parent, guardian, or conservator of the minor and I am authorized to sign this consent form on the minor's behalf.

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

# **RADIESSE® INFORMED CONSENT**

## **SECTION 1**

### **INTRODUCTION TO RADIESSE®**

Radiesse® is a stabilized calcium hydroxylapatite suspension for use in the cosmetic treatment of moderate to severe facial folds and wrinkles and has been used to augment the appearance of the lips. Radiesse® has been approved by the FDA for marketing for maxillofacial and vocal cord augmentation (“on label” use).

## **SECTION 2**

### **RISKS OF PROCEDURES**

Please review the following statements before signing this document as your acknowledgement and understanding of this consent form and the risks involved in this procedure.

- The details of the procedure have been explained to me in terms I understand.
- Alternative methods and their benefits and disadvantages have been explained to me.
- I am aware Radiesse® products are made from a stabilized calcium hydroxylapatite and are used as temporary filling agents for lines/wrinkles and to augment soft tissues of the face.
- I understand and accept the most likely risks and complications of Radiesse® injection(s) that include but are not limited to:

- Swelling and/or itching at injection site
- Redness and/or bruising
- Facial Pain
- Skin discoloration
- Scabbing around injection site
- Tenderness at the implant site

These reactions typically resolve within two (2) to three (3) days after treatment, however in some patients it may take weeks or months to resolve:

- I understand and accept that other more rare reactions may occur with the use of Radiesse® injection(s) that include but are not limited to:
  - swelling at the implant site (sometimes affecting surrounding tissue)
  - Acne-like formations
  - Redness
  - Keloid formation or hypertrophic scarring
  - Nodularity
  - Tenderness
  - Assymetry
  - Need for further corrective procedures
  - Vessel Formation
  - Damage to organs, nerves, vessels
  - Skin Loss

- Blindness when injecting around the eyes
- Herpes Reactivation
- Poor Results

These reactions are rare (1 in 5,000 treated patients) and may occur one to several weeks after treatment. The average duration of these reactions are two (2) weeks.

- I am aware that the duration of the Radiesse<sup>®</sup> varies from patient to patient. Injections into the skin may last from 12 to 18 months.
- I am aware that I should not use Radiesse<sup>®</sup> if I have bad allergies, recently used drugs to thin my blood or to prevent clotting, or have a bleeding disorder.
- I am aware that follow-up treatments may help sustain the desired effect of the Radiesse<sup>®</sup> treatment.
- I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- I understand and accept the less common complications, including the remote risk of death or serious disability that exists with this procedure.
- I have informed the doctor of all my known allergies.
- I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies, and any other.
- I have been advised whether I should take any or all of these medications on the days surrounding the procedure. Including but not limited to, Aspirin, anti-inflammatory medications, all herbal medications and high doses of Vitamin E supplements will not be taken for two weeks before and after treatment. These may increase bruising and bleeding at the injection site.
- I am aware and accept that no guarantees about the results of the procedure have been made or implied.
- I have been informed of what to expect post-treatment, including but not limited to: estimated recovery time, anticipated activity level, and the necessity of additional procedures if I wish to maintain the appearance this procedure provides me.
- I am not currently pregnant or nursing and I understand that should I become pregnant while using this drug there are potential risks.
- If pre- and post-operative photos and/or videos are taken of the treatment for record purposes, I understand that these photos will be the property of Aesthetic Facial Plastic Surgery and may be used for used for medical, educational, scientific purposes and advertising purposes..
- I have had an opportunity to review and sign Aesthetic Facial Plastic Surgery's Photographic / Videographic Documentation Consent Form.
- The doctor has answered all of my questions regarding this procedure.
- I have been advised to seek immediate medical attention if swallowing, speech or respiratory disorders arise.

### SECTION 3

## POST-TREATMENT INSTRUCTIONS

The following post-treatment procedures should be followed:

- Cold Compresses may be used immediately after treatment to reduce swelling. It is suggested to use a soft cloth dipped in cold water, wrung out, and applied to the injection area.
- Avoid touching the treated area within six hours following treatment to avoid injuring your skin. Afterwards, the area can be gently washed with soap and water.
- Avoid exposing the treated area to intense heat, UV Lamps, and bright sunlight until there is no redness or swelling.
- Avoid laser treatment, chemical peels, or other skin procedures until the skin has completely healed, otherwise there is a risk of an inflammatory reaction at the injection site.
- If you suffer from cold sores, there is a risk that the needle punctures could contribute to another recurrence. Speak to your physician about medications that may minimize a recurrence.
- Avoid taking aspirin, non-steroidal anti-inflammatory medications, all herbal medications and high doses of Vitamin E supplements for two weeks after treatment. These may increase bruising and bleeding at the injection site.
- No strenuous activity, hot liquids/foods, bending over, no massage in the procedural areas, no hot compresses, spicy foods, hot showers/bath (luke warm baths/showers are okay) for 1-2 weeks after the procedure.

#### **SECTION 4**

### **DISCLAIMERS**

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- A. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN.
- B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT.
- C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE EXPLANATION. I UNDERSTAND THE DISTINCTION BETWEEN “ON LABEL” AND “OFF LABEL” USE OF RADIESSE®. I AM AWARE THAT THE PRACTICE OF MEDICINE IS NOT AN EXACT SCIENCE AND ACKNOWLEDGE THAT NO GUARANTEES OR PROMISES HAVE BEEN MADE TO ME ABOUT THE RESULTS OF THE PROCEDURE. I ALSO UNDERSTAND THAT MY RESULTS AND RECOVERY WILL VARY AND MAY NOT BE SIMILAR TO THE RESULTS AND RECOVERY OF THAT OF OTHER PARTIENTS INCLUDED THOSE DEPICTED IN AESTHETIC FACIAL PLASTIC SURGERY, P.S ADVERTISING.

BE SURE TO ASK YOUR PHYSICIAN IF YOU HAVE ANY QUESTIONS ABOUT YOUR CARE OR PROCEDURE.

It is important that you have read the above information carefully and have all your questions answered before signing the consent form.

I authorize and direct Philip Young, M.D., with associates or assistants of his or her choice, to perform the following procedure of Radiesse® injection(s) for the improvement of the areas discussed.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature. If signing on behalf of a minor, I certify that am the parent, guardian, or conservator of the minor and I am authorized to sign this consent form on the minor's behalf.

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

## **Post Procedure Instructions for Fillers (RADIESSE, BELOTERO | JUVEDERM | PERLANE | RESTYLANE)**

Congratulations on having your filler placed! After the procedure, there can be swelling, bruising, lumps and bumps. These gradually decrease over the course of the week and usually improve a lot over the first three days. We usually suggest manual massage for the first 2 weeks over the areas that are more raised, noticeable or incongruent with the surrounding structures. If there are still some issues, you should make an appointment at 2 weeks and we can help resolve things for you. For RADIESSE, BELOTERO | JUVEDERM | PERLANE | RESTYLANE there are enzymes that can be injected to smooth away certain areas. Also, you can always inject more product to improve the appearance as well.

It is okay to put make-up on after your filler procedure but if you are particularly red it might be better to wait at least 1-2 days. It is always good to avoid high dose vitamin E, herbal medications, supplements (like fish oil, omega-3's), anti inflammatories (like naproxen, Aleve, ibuprofen, Indocin, piroxicam, sulindac, ecotrin, Bayer, aspirin, Motrin, Excedrin), and other blood thinners 2 weeks before and 2 weeks after your procedure. We have a list of medications and things not to take before your procedure on our resource page on our website. Avoiding blood thinners will help in preventing increased bleeding during and after your procedure. Excessive bleeding can create a lot of complications during your recovery and procedure.

Immediately after your procedure you should try your best to ice the areas of injection for 15min every hour. Icing is best the first 2-3 days. You can use ice but do not directly apply the ice to the skin. There should always be something in between the ice and your skin so you don't freeze or damage your skin. Plastic zip lock bags are great for this purpose. Frozen peas and cucumbers in a zip lock bag are a common recommendation. Commercially prepared icepacks are also very commonly prescribed.

For the first 48 hours it may be prudent to avoid hot showers (use luke warm water), hot and spicy liquids, foods. Try to keep things cool for the first 48 hours and limit your activity if possible. For the bruising you can alternate between warm and cold compresses but you should consult our Office before doing so.

If you have increased redness, swelling, or tenderness 2-3 days later this could indicate an infection and you should call us immediately at 425-990-3223 and possibly come in to see us. We will do everything we can to take care of you. We would like you to make a follow up appointment at 6 months for us to assess your progress. This is also the ideal time point to re-inject more product and get even longer lasting results based on scientific study. Please contact us anytime via email or calling us. We would like to be of any help during your journey towards facial rejuvenation.

Your Team at Aesthetic Facial Plastic Surgery

## Medications to Avoid

If you are taking any medications on this list, they should be discontinued 2 weeks before and after your procedure and only acetaminophen products, such as Tylenol, should be taken for pain. Most importantly we would like you to avoid high dose vitamin E (anything greater than 40IU), aspirin, anti-inflammatories, herbal medications, supplements (fish oil, omega 3's). All other medications – prescriptions, over-the-counter and herbal medications or supplements– that you are currently taking must be specifically cleared by your Doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your Doctor and the nursing staff. **There are some foods that are listed below. We ask that you refrain from eating excessive amounts of the foods. A small amount is appropriate.**

**Aspirin Medications to Avoid:** *Affect blood clotting.*

4-Way Cold Tabs	Bayer Products	Duragesic	Marthritic
5-Aminosalicylic Acid	BC Powder	Easprin	Mefenamic Acid
Acetilsalicylic Acid	Bismatrol products	Ecotrin products	Meprobamate
Actron	Buffered Aspirin	Empirin products	Mesalamine
Adprin-B products	Bufferin products	Equagesic	Methocarbarnol
Aleve	Buffetts 11	Etodolac	Micrainin
Alka-Seltzer products	Buffex	Excedrin products	Mobidin
Amigesic Argesic-SA	Butal/ASA/Caff	Fiorgen PF	Mobigesic
Anacin products	Butalbital Compound	Fiorinal products	Momentum
Anexsia w/Codeine	Cama Arthritis Pain	Flurbiprofen	Mono-Gesic
Arthra-G	Reliever	Gelpirin	Motrin products
Arthriten products	Carisoprodol Compound	Genprin	Naprelan
Arthritis Foundation products	Cataflam	Gensan	Naproxen
Arthritis Pain Formula	Cheracol	Goody's Extra Strength	Night-Time Effervescent Cold
Arthritis Strength BC Powder	Choline Magnesium Trisalicylate	Headache Powders	Norgesic products
Arthropan	Choline Salicylate	Halfprin products	Norwich products
ASA	Cope	IBU	Olsalazine
Asacol	Coricidin	Indomethacin products	Orphengesic products
Ascriptin products	Cortisone Medications	Isollyl Improved	Orudis products
Aspergum	Damason-P	Kaodene	Oxycodone
Asprimox products	Darvon Compound-65	Lanorinal	Pabalate products
Axotal	Darvon/ASA	Ibuprohm	P-A-C
Azdone	Diclofenac	Lodine	Pain Reliever Tabs
Azulfidine products	Dipenturn	Lortab ASA	Panasal
B-A-C	Disalcid	Magan	Pentasa
Backache Maximum Strength Relief	Doan's products	Magnaprin products	Pepto-Bismol
	Dolobid	Magnesium Salicylate	Percodan products
	Dristan	Magsal	Phenaphen/Codeine #3
		Marnal	

Pink Bismuth	Salicylate products	Soma Compound	Trilisate
Piroxicam	Salsalate	St. Joseph Aspirin	Tussanil DH
Propoxyphene	Salsitab	Sulfasalazine	Tussirex products
Compound products	Scot-Tussin Original 5-	Supac	Ursinus-Inlay
Robaxisal	Action	Suprax	Vanquish
Rowasa	Sine-off	Synalgos-DC	Wesprin
Roxeprin	Sinutab	Talwin	Willow Bark products
Saleto products	Sodium Salicylate	Triaminicin	Zorprin
Salflex	Sodol Compound	Tricosal	

**Ibuprofen Medications to Avoid:** *Affect blood clotting.*

Acular (ophthalmic)	Haltran	Nabumetone	Rhinocaps
Advil products	Indochron E-R	Nalfon products	Sine-Aid products
Anaprox products	Indocin products	Naprosyn products	Sulindac
Ansaid	Ketoprofen	Naprox X	Suprofen
Clinoril	Ketorolac	Nuprin	Tolectin products
Daypro	Ibuprin	Ocufen (ophthalmic)	Tolmetin
Dimetapp Sinus	Ibuprofen	Oruvail	Toradol
Dristan Sinus	Meclofenamate	Oxaprozin	Voltaren
Feldene	Meclomen	Ponstel	
Fenoprofen	Menadol	Profenal	
Genpril	Midol-products	Relafen	

**Avoid ALL Diet Aids – Including Over-the-Counter & Herbal**

*Intensify anesthesia, serious cardiovascular effects.*

**Tricyclic Antidepressants to Avoid:** *Intensify anesthesia, cardiovascular effects.*

Adapin	Doxepin	Maprotiline	Tofranil
Amitriptyline	Elavil	Norpramin	Triavil
Amoxapine	Endep	Nortriptyline	Trimipramine
Anafranil	Etrafon products	Pamelor	Vivactil
Asendin	Imipramine	Pertofrane	
Aventyl	Janimine	Protriptyline	
Clomipramine	Limbitrol products	Sinequan	
Desipramine	Ludiomil	Surmontil	

**Other Medication to Avoid:** *Affect blood clotting.*

4-Way w/ Codeine A.C.A.	Dicumerol Dipyridamole	Miradon Opasal	Stelazine Sulfipyrazone
A-A Compound	Doxycycline	Pan-PAC	Tenuate
Accutrim	Emagrin	Pentoxifylline	Tenuate Dospan
Actifed	Enoxaparin injection	Persantine	Thorazine
Anexsia	Flagyl	Phenylpropanolamine	Ticlid
Anisindione	Fragmin injection	Prednisone	Ticlopidine
Anturane	Furadantin	Protarnine	Trental
Arthritis Bufferin	Garlic	Pyroxate	Ursinus
BC Tablets	Heparin	Ru-Tuss	Virbamycin
Childrens Advil	Hydrocortisone	Salatin	Vitamin E
Clinoril C	Isollyl	Sinex	Warfarin
Contac	Lovenox injection	Sofarin	
Coumadin	Macrodantin	Soltice	
Dalteparin injection	Mellaril	Sparine	

**Salicylate Medications, Foods & Beverages to Avoid:** *Affect blood clotting.*

*(High concentration of foods to be avoided, you do not need to cut out these foods completely.)*

Amigesic (salsalate)	Pabalate	Almonds	Garlic
Disalcid (salsalate)	Pepto-Bismol (bismuth subsalsicylate)	Apples	Ginger
Doan's (magnesium salsicylate)	Salflex (salsalate)	Apricots	Grapes
Dolobid (diflunisal)	Salsalate	Blackberries	Pickles
Magsal	Salsitab (salsalate)	Boysenberries	Prunes
Pamprin (Maximum Pain Relief)	Trilisate (choline salsicylate + magnesium salsicylate)	Cherries	Raspberries
Mobigesic		Chinese Black Beans	Strawberries
		Cucumbers	Tomatoes
		Currants	Wine

**Vitamins and Herbs to Avoid**

*Affect blood clotting, affect blood sugar, increase or decrease the strength of anesthesia, rapid heartbeat, high blood pressure, liver damage. Note: Just because it is not of this list does not mean that it is safe to take while preparing for surgery.*

Ackee fruit	Bilberry	Chamomile	Dong Quai root
Alfalfa	Bitter melon	Chromium	Echinacea
Aloe	Burdock root	Coriander	Ephedra
Argimony	Carrot oil	Dandelion root	Eucalyptus
Barley	Cayenne	Devil's club	Fenugreek seeds

Feverfew	Gotu Kola	Lemon verbena	Selenium
Fo-ti	Grape seed	Licorice root	St. John's Wort
Garlic	Guarana	Ma Huang	Valerian/Valerian Root
Ginger	Guayusa	Melatonin	"The natural Viagra®"
Gingko	Hawthorn	Muwort	Vitamin E
Gingko biloba	Horse Chestnut	Nem seed oil	Willow bark
Ginseng	Juniper	Onions	Yellow root
Gmena	Kava Kava	Papaya	Yohimbe
Goldenseal	Lavender	Periwinkle	