

Juvederm Informed Consent



I, _____, understand that I will be injected with JUVÉDERM®, JUVÉDERM® Ultra XC, JUVÉDERM® Ultra Plus XC and/or JUVÉDERM® VOLUMA XC (collectively referred to as Juvederm). This injectable gel is injected into areas of facial tissue where moderate to severe facial wrinkles, folds or volume loss occur. It temporarily adds volume to the skin and subcutaneous tissues which may give the appearance of a smoother skin surface and may help smooth moderate to severe facial wrinkles and folds. Correction is temporary; therefore, touch-up injections as well as repeat injections are usually needed to maintain optimal correction. Less material may be needed for repeat injections given prior to complete metabolism of previously injected gel. Most patients need one or possibly two treatments to achieve optimal wrinkle smoothing. The results may last as long as nine months to one year with JUVÉDERM® and up to two years with JUVÉDERM® VOLUMA.

Side Effects and Complications

Most side effects are mild or moderate in nature, and their duration is short lasting (7 days or less). The most common side effects include, but are not limited to, temporary injection-site reactions such as: redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, infection, and discoloration. However, additional severe side effects include but are not limited to cold sore flare-ups, rashes, skin necrosis, permanent scarring, and blindness.

In the first 24 hours after injection, you should avoid strenuous exercise, extensive sun or heat exposure, and alcoholic beverages. Exposure to any of the above may cause temporary redness, swelling, and/or itching at the injection sites. If there is swelling, you may need to place an ice pack over the swollen area. You should ask your physician when makeup may be applied after your treatment. Be sure to report any redness and/or visible swelling that lasts for more than a few days, or any other symptoms that cause you concern.

This list is not meant to be inclusive of all possible risks associated with Juvederm as there are both known and unknown side effects associated with any medication or procedure.

Contraindications

Juvederm injectable gel should not be used if you have:

- Severe allergies marked by a history of anaphylaxis or history or presence of multiple severe allergies;
- A history of allergies to Gram-positive bacterial proteins.

The following are important treatment considerations for you to discuss with us and understand in order to help avoid unsatisfactory results and complications:

- If you are using substances that can prolong bleeding, such as aspirin, or ibuprofen, as with any injection, you may experience increased bruising or bleeding at the injection site.
- If you are on immunosuppressive or therapy used to decrease the body's immune response, as there may be an increased risk of infection.
- If you are pregnant or breast feeding.
- If you have history of excessive scarring (eg, hypertrophic scarring and keloid formations) and pigmentation disorders.

If laser treatment, chemical peeling, or other procedure based on active dermal response is considered after treatment with Juvederm injectable gel, there is a possible risk of an inflammatory reaction at the treatment site.

The safety and effectiveness of Juvederm injectable gel for the treatment of areas other than facial wrinkles and folds (such as lips) have not been established in controlled clinical studies. Use in patients under 18 years has not been established.

Acceptance of Risks

I have read the above information and have discussed it with my physician. I understand that it is impossible for the doctor to inform me of every possible complication that may occur. No guarantees about results have been made. By signing below, I agree that my doctor has answered all of my questions and that I understand and accept the risks and alternatives of Juvederm.

I will follow all aftercare instructions as it is crucial I do so for healing.

As the use of Juvederm is not an exact science, there might be an uneven appearance of the face. In most cases this uneven appearance can be corrected by physician massaging or injecting additional Juvederm. However in some cases this uneven appearance can persist for several weeks or many months.

Puget Sound Plastic Surgical Group, PLLC | Dr. Bryan McIntosh, *Plastic Surgeon*

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The number of milliliters injected is an estimate of the amount of Juvederm required to produce an improvement. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required. I understand the procedure(s) I seek are cosmetic in nature, not medically necessary, and therefore would be fraudulent and unethical for Dr McIntosh to submit a fee to any insurance company for coverage. I have been explained to and shown the financial costs of having Dr. McIntosh provide Juvederm treatments for me and accept these terms. I further understand that Dr. McIntosh will not accept insurance for this/these procedure(s). My consent to have Dr. McIntosh provide care and not accept assignment from any insurance company, managed care provider or other coverage source is irrevocable and final. I understand I will be fully responsible for the fees for the treatment I seek.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Juvederm treatments with the above understood. I hereby release Puget Sound Plastic Surgical Group, PLLC, the person injecting the Juvederm and the facility from liability associated with this procedure.

Patient or Legal Representative Signature / Date

Print Patient or Legal Representative Name

Relationship (self, parent, etc.)

Witness Signature / Date