

ELEVATED IMAGE

Advanced Medical Aesthetics & Primary Care • Joshua Le, DO

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INFORMED CONSENT FOR DERMAL FILLER (HYALURONIC ACID)

Hyaluronic-Acid Fillers — e.g., Juvéderm®, Restylane®, RHA®, Belotero®

Patient name		Date of birth	
Date of treatment		Provider	Joshua Le, DO

Treatment area(s): _____

Product for this visit: _____ Areas: ☐ Lips ☐ Cheeks ☐ Nasolabial folds ☐ Marionette ☐ Chin ☐ Jawline ☐
Tear troughs ☐ Temples ☐ Hands ☐ Other _____

1. What Dermal Filler Is

Hyaluronic-acid (HA) dermal fillers are gel implants injected beneath the skin to restore volume, soften folds and lines, and improve contour. HA is a substance naturally found in skin. Most HA fillers contain lidocaine to improve comfort. A key advantage of HA filler is that it can usually be dissolved with an enzyme (hyaluronidase) if needed.

2. Areas Treated & Off-Label Use

The FDA approves specific HA fillers for specific areas (e.g., lips, cheeks, nasolabial folds). Treatment of some areas — such as the tear troughs, temples, chin, jawline, or hands — may be "off-label," meaning it is an accepted practice but not an FDA-approved indication for that specific product. I understand and consent to off-label use where applicable.

3. Expected Results & Duration

- **Onset:** Results are visible immediately; final result settles over ~2 weeks as swelling resolves.
- **Duration:** Temporary — typically 6–18 months depending on product, area, and individual factors. Repeat treatment is needed to maintain results.
- **No guarantee:** Individual results vary; touch-up may be needed and a specific outcome cannot be guaranteed.

4. Alternatives

Alternatives include: no treatment; other fillers or biostimulators; neurotoxin; fat transfer; energy-based skin treatments; topical skincare; and surgery. Each has its own risks, benefits, cost, and duration.

5. Medical History & Contraindication Screening

Are you pregnant, trying to conceive, or breastfeeding?	Yes ☐ No ☐
Known allergy to hyaluronic acid, lidocaine, or gram-positive bacterial proteins?	Yes ☐ No ☐
History of severe allergic reaction or anaphylaxis?	Yes ☐ No ☐
Autoimmune or connective-tissue disease, or immunosuppression?	Yes ☐ No ☐
Bleeding/clotting disorder, or blood thinners/aspirin/NSAIDs/fish oil?	Yes ☐ No ☐
Active infection, inflammation, or cold sore (HSV) at or near the treatment area?	Yes ☐ No ☐
History of keloid or hypertrophic scarring, or prior reaction to filler?	Yes ☐ No ☐
Permanent or semi-permanent filler previously placed in the area?	Yes ☐ No ☐
Recent or upcoming dental work, vaccination, or illness (within ~2 weeks)?	Yes ☐ No ☐
History of hyperpigmentation or prior delayed nodules with filler?	Yes ☐ No ☐

Other medications, supplements, allergies, or conditions: _____

6. Risks and Potential Complications

Risks and side effects include, but are not limited to:

- **Injection-site reactions:** Pain, swelling, bruising, redness, tenderness, itching, or small lumps.
- **Asymmetry / contour irregularity:** Unevenness, over- or under-correction, palpable or visible lumps.
- **Tyndall effect:** A bluish-gray tint when product is placed too superficially (e.g., under-eye).

- **Nodules, granuloma, or biofilm/infection:** Including delayed-onset nodules weeks to months later.
- **Cold sore (HSV) reactivation:** Especially with lip/perioral treatment; antiviral may be prescribed.
- **Allergic reaction:** Rare, and rarely severe; product migration or persistence is possible.
- **Pigment change or, rarely, scarring:** More likely with bruising, infection, or picking.
- **Need for reversal or touch-up:** Hyaluronidase may be used to dissolve or adjust HA filler.

VASCULAR OCCLUSION (serious): If filler enters or compresses a blood vessel it can block blood flow, causing skin color change, pain, tissue breakdown (necrosis) and scarring, and — though rare — vision changes or permanent BLINDNESS, and stroke. This is a medical emergency treated urgently with hyaluronidase and other measures. I understand these serious risks. Initial: _____

7. Pre- & Post-Treatment Care

- Avoid blood thinners, NSAIDs, alcohol, fish oil, and vitamin E before treatment (as directed) to reduce bruising.
- Avoid strenuous exercise, heat, and alcohol for ~24 hours; do not massage the area unless directed.
- Some swelling/bruising is normal for several days; report severe pain, blanching/white or dusky skin, vision changes, or signs of infection IMMEDIATELY.
- Take any prescribed antiviral (for lip/perioral treatment) as directed.

8. Photography, Financial & Acknowledgments

I consent to clinical photographs for my record and treatment planning (other use requires separate authorization). I understand this is an elective, self-pay cosmetic treatment priced per syringe/area, and product is non-refundable once opened. Results are not guaranteed and repeat treatment may be needed. The information in my screening is true and complete. I may withdraw consent at any time.

OFF-LABEL: I understand some areas may be treated off-label and I consent to this. Initial: _____

9. Consent to Treat

I have read and understand this consent, my questions have been answered to my satisfaction, and I consent to hyaluronic-acid dermal filler treatment by Joshua H. Le, DO, and/or designated staff.

Patient signature

Print name

Date

Provider signature (Joshua Le, DO)

Witness (if used)

Date

Office Use — Treatment Record

Product	Area(s)	Lot #	Exp.	Volume (mL)

TEMPLATE — verify against Washington State disclosure requirements and your malpractice carrier before clinical use.