

BLISS MEDISPA LLC  
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Juvéderm Informed Consent

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the treatment identified below. This material serves as a supplement to the discussion you have with your healthcare professional. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the treatment, ask your healthcare professional prior to signing the consent form.

### **Juvéderm**

Juvéderm injectable gel is injected into areas of facial tissue where moderate to severe facial wrinkles and folds occur. It temporarily adds volume to the skin and subcutaneous tissue, 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. Most patients need one or possibly two treatments to achieve optimal wrinkle smoothing.

### **The Treatment**

Treatment with dermal fillers (such as Juvederm, Restylane, Radiesse and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately.

### **Alternative Treatments**

Other treatments for dermal soft-tissue augmentation include but are not limited to, products such as Radiesse, Restylane, Hylaform, Cosmoderm and Perlane. Aside from these treatments, additional options for the correction of lines and wrinkles do exist, including facial creams, chemical peels, and laser skin surface treatments, and surgery. Other options not mentioned here may exist. All options should be discussed with your provider.

### **Potential Risks And Complications**

Before undergoing this treatment, understanding the risks is essential. No treatment is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment.

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive treatment; however, most side effects are mild or moderate in nature, and their duration is short lasting with an effect of 7 days or less. The most common side effects include, but are not limited to, temporary injection-site reactions such as the following: redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, infection and discoloration. Side effects may also include, but are not limited to the following: post treatment discomfort, swelling, redness, bruising, and discoloration; post treatment infection associated with any transcutaneous injection; allergic reaction; reactivation of herpes (cold sores); lumpiness, visible yellow or white patches; granuloma formation; and localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

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.

### **Patient Advisory**

In the first 24 hours after a Juvéderm injection, you should avoid strenuous exercise, extensive sun or heat exposure, and alcoholic beverages. You should ask your health care provider 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. Juvéderm injectable gel should not be used if you have any allergies marked by a history of anaphylaxis or history or presence of multiple severe allergies and/or 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.

Please inform us prior to treatment if any of the following condition exists:

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

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

### **Informed Consent**

I understand this is an elective procedure and I hereby voluntarily consent to treatment with Juvéderm injections. The treatment has been fully explained to me and I have read the above information, including the potential risks and complications and understand it completely. My

questions have been answered completely and satisfactorily. I accept the potential risks and complications of the treatment and I understand that no guarantees are expressed or implied as to the outcome of the treatment. I also certify that if I have any changes in my medical history, I will notify the healthcare professional who treated me immediately. I also state that I read and write in English. The personnel at Bliss Medispa have been provided with a thorough and truthful medical history. Juvéderm has only a temporary effect.

By signing this consent form, you agree that you have read the attached information regarding Juvéderm injections and have been given ample opportunity for discussion and all of your questions have been answered to your satisfaction. By signing this form, you hereby consent to the treatment and/or care described in this document. You hereby assume all risks, hazards and costs of care or expense associated with or which may arise from such treatment, hereby releasing the personnel and consultants and any sponsoring health care facility or institution and its affiliates and all of their agents and employees from any liability from said treatment except where such risks and hazards are the proximate result of gross negligence.

This constitutes the full disclosure and supersedes any previous verbal or written disclosures, advertising or marketing materials prepared by us or others. It is understood that our programs are specialty services and do not have responsibility for your comprehensive medical care. For this and all future treatments of Juvéderm Ultra, Juvéderm Ultra Plus, Juvéderm XC, and Juvéderm Cosmetic, I understand that:

- I will be injected with the utmost skill and care.
- Each person's body reacts differently. The effect of the injection may not be exactly the same every time.
- No guarantees are made regarding the results or their longevity.
- No refunds will be made
- Touch-ups will incur an additional charge per unit or per syringe.

Client Name: \_\_\_\_\_ (*print name*)  
 \_\_\_\_\_ (*signature*)

Client Signature Date \_\_\_\_\_

If you have any medical problems that arise while participating, please keep us informed. If an urgent medical problem should arise and you have a concern that it may be related to your care, please call us at (507) 722-2450 and contact your primary care physician or go to a healthcare facility to have the problem assessed immediately.

#### Healthcare Professional Acknowledgment

I, \_\_\_\_\_, am the treating healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment.

\_\_\_\_\_  
 Healthcare Professional Signature

Date \_\_\_\_\_