

AGELESS SKIN & HEALTH SOLUTIONS

Dr. Elaine Burns

Consent to Receive Restylane and/or Perlane Injection

A. PURPOSE AND BACKGROUND

As my patient, you have requested my administration of Restylane or Perlane (herein referred to as the “**product**”); both are a stabilized hyaluronic acid used for the correction of moderate to severe facial wrinkles and folds. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether or not to go forward with the procedure.

B. PROCEDURE

- This product is administered via a syringe (injection), into the areas of the face sought to be filled with hyaluronic acid to eliminate or reduce wrinkles and folds.
- The treatment site is cleansed with an antiseptic solution.
- A topical anesthesia will be applied to the areas to be treated in order to reduce the discomfort of the injection.
- The product is a clear transparent gel that is injected under your skin using a thin gauge (30 G) needle.
- The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s).
- Multiple injections may be made.
- Following each injection, the injector will gently massage the correction site to conform to the contour of the surrounding tissues.
- Ice may be applied to the injected site briefly.
- After the first treatment, additional treatments of the product may be necessary to achieve the desired level of correction.
- Additional treatments will be required within 6 months to one year to maintain the desired effect.

AGELESS SKIN & HEALTH SOLUTIONS

Dr. Elaine Burns

C. RISKS/DISCOMFORT

- Although a very thin needle is used, **common injection-related reactions could occur: swelling, pain, itching, discoloration, bruising or tenderness.** You could experience increased bruising or bleeding if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs (e.g. Ibuprofen, Advil, Motrin, Aleve, Celebrex), St. John's Wart, Ginko Biloba, Omega 3 fish oils or high doses of Vitamin E.
- These reactions generally lessen or disappear within a few days but may last for week or longer.
- As with all injections, this carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken.
- Some temporary visible lumps may occur.
- Potential allergic reaction.
- **The product should not be used in patients who have a history of:**
 - i. severe allergies and/or anaphylaxis or an active infection / inflammation in the area to be treated.**
 - ii. Allergies to gram positive bacteria**
- Most patients are pleased with the results. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied and, may need additional touch up treatments.
- After treatment, minimize exposure of the treated area to excessive sun/UV lamp or extreme cold weather until the initial swelling and redness has gone away.

D. BENEFITS

- The products have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles and folds on the face.
- Its effect can last 6 months or longer without the need for re-administration.

E. ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. There are alternatives to Restylane/Perlane injections, including no treatment, collagen for lip or other facial soft tissue augmentation, cosmetics, Botox, laser skin resurfacing, chemical peels, or plastic surgery.

AGELESS SKIN & HEALTH SOLUTIONS

Dr. Elaine Burns

F. Consent

I understand the need for local anesthesia to reduce the discomfort of the procedure and consent to the topical application of anesthetic gel and/or injections for a nerve block or local infiltrative anesthesia. I understand the above, and have had the risks, benefits, and alternatives explained to me, and have had the opportunity to ask questions. No guarantees about results have been made.

I understand and agree to follow all post-treatment instructions.

To the best of my knowledge, I am not pregnant, and I am not breastfeeding. I give my informed consent for Restylane / Perlane injections today as well as future treatments as needed.

Patient Signature

Date

Witness Signature

Date