SETTY PLASTICS & AESTHETICS

Consent For Dermal Fillers

_____ I understand that all skin reacts to treatments in some manner, and agree that I will notify the Manager as soon as possible if I experience a reaction that does not resolve within several hours or becomes progressively worse after leaving. I agree to follow all care instructions given by Setty Plastics and Aesthetics and understand that I will achieve optimal healing by following all home care instructions.

_____ I understand that Dermal Fillers are indicated for deep (subcutaneous and/or supraperiosteal) injection for cheek augmentation to correct age-related volume deficit in the mid-face in adults over the age of 21. Dermal Fillers are indicated for injection into the mid-to-deep dermis for correction of moderate to severe facial wrinkles and folds (such as nasolabial folds). Dermal Fillers are indicated for injection into the lips and perioral area for lip augmentation in adults over the age of 21.

_____ I understand I am not a candidate if I have severe allergies, marked by a history of anaphylaxis or history or presence of multiple severe allergies, or if I have a history of allergies to gram-positive bacterial proteins or lidocaine contained in these products. I will notify my provider within the necessary forms if I have any of these existing conditions.

_____ I understand, as with all transcutaneous procedures, dermal filler implantation carries a risk of infection and I agree to follow standard precautions associated with injectable materials.

_____ I understand the safety for use in patients with known susceptibility to keloid formation, hypertrophic scarring, and pigmentation disorders has not been studied.

_____ I understand the safety for use of Dermal Fillers in patients under 35 or over 65 years has not been established.

_____ I understand that patients who are using products that can prolong bleeding (such as aspirin, nonsteroidal anti-inflammatory drugs, and warfarin) may experience increased bruising or bleeding at treatment sites.

_____ If laser treatment, chemical peel, or any other procedure based on active dermal response is considered after treatment, or if the product is administered before the skin has healed completely, there is a possible risk of an inflammatory reaction at the treatment site.

_____ I understand patients who experience skin injury near the site of implantation may be at a higher risk for adverse events

_____ I understand the safety of Dermal Fillers for use in patients with very thin skin in the mid-face has not been established

_____ I understand patients may experience late onset nodules with use of dermal fillers.

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_____ I understand Dermal Fillers have the potential of temporary injection-site redness, swelling, pain/tenderness, firmness, lumps/bumps, bruising, discoloration, and itching.

_____ I consent to the use of photographs for recordkeeping purposes; these photographs may be taken before, during and after my treatments.

_____ I consent to the use of these photographs for providing information to other clients and to the public about my treatment. They may be shown during client consultations, as well as public promotional lectures and demonstrations, and may be reproduced in educational, instructional and promotional literature and on the Setty Plastics and Aesthetics website and social media outlets managed by Setty Plastics and Aesthetics and its employees. My identity will not be compromised.

_____ I understand I have the option of a 2 week follow up appointment, which is encouraged by Setty Plastics and Aesthetics to ensure safety and desired results have been achieved.

_____I understand that a physician will be available for evaluation and follow up issues. Determination for an appointment with a physician will be made in consultation with management and myself.

_____ I confirm I am not currently pregnant or nursing and agree I will inform the technician if I do become pregnant, or am nursing in the future. I understand I cannot receive treatments while pregnant or breastfeeding. There are no known side effects, however, these treatments cannot be tested on pregnant or nursing women.

_____ I have read and understand all the information presented to me before signing this consent. I understand the risks of side effects, despite proper treatment, exist in **all** cases, but can be greatly reduced by following the pre and post treatment instructions given to me. I understand the purpose of the procedures. I further understand that treatment results **will** vary between individuals and treated areas. I understand that there are many variables that may affect my treatments and that I have been made no promises of any results.

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DERMAL FILLER PRE & POST-TREATMENT INSTRUCTIONS

Pre-Treatment Instructions Dermal Filler

- Do NOT consume alcoholic beverages at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising), avoid anti-inflammatory/blood thinning medications, if possible for a period of 2 weeks before treatment, or any blood thinning medications which can increase the risk of bruising and swelling after injections.
- Schedule your appointment at least 2 weeks prior to a special event. Results from the injections may take approximately 4 to 7 days to appear. Also bruising and swelling may be apparent in that time period.
- Discontinue Retin-A 2 days before and 2 days after treatment.
- Reschedule your appointment at least 24 hours in advance if you have a rash, cold sore or blemish on the area. Notify Setty P if you have a history of cold sores.
- Be sure to have a good breakfast, including food and drink before your procedure. This will decrease the chances of lightheadedness during your treatment.
- You are not a candidate if you are pregnant or breast feeding.

Post-Treatment Instructions Dermal Filler

- Avoid significant movement or massage of the treated area, unless instructed by the provider
- Avoid strenuous exercise, sun or heat for 72 hours
- Avoid consuming excess amounts of alcohol or salts to avoid excess swelling, if you have swelling you may apply a cool compress for 15 minutes each hour, use Tylenol for discomfort.
- Try to sleep face up and slightly elevated if you experience swelling, apply Arnica for any swelling.

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