

## **INFORMED CONSENT FOR TREATMENT WITH INJECTABLE FILLERS BETWEEN THE CUSTOMER AND REJUVENATION CONCIERGE**

My signature and initials after each statement below constitutes my acknowledgment that:

1. I, \_\_\_\_\_, consent to and authorize \_\_\_\_\_ to perform with injectable fillers to improve the appearance of scars and/or wrinkles, or to have my lips augmented (made larger). The fillers to be used include Hyaluronic Acid fillers and Calcium Hydroxyapatite. \_\_\_\_\_

- The area to be treated \_\_\_\_\_
- The filler to be used \_\_\_\_\_

2. The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction. \_\_\_\_\_

3. I am fully aware of the risks of complications or injuries that can occur from this treatment, both from know and unknown causes and I freely assume those risks. \_\_\_\_\_

The known complications could include:

- Redness, swelling/edema, itching, pain or pressure lasting more than one week
- Nodules or induration at the injection site
- Discoloration of the injection site
- Poor effect or weak filling
- Allergic reactions
- In extremely rare cases, skin necrosis or “death of skin” may occur as a result of injection into a blood vessel. This may result in financial costs, extended care and scar formation.

4. I also certify that I have none of the known conditions that would contraindicate treatment. These conditions include hypertrophy scars, a history of any autoimmune disease, Vascular disease, HIV disease, immune therapy or psychiatric disease. I am not pregnant, breast-feeding, and I have no known allergy to Hyaluronic acid, anesthetic agents, latex gloves [should they be used] or bovine source collagen. \_\_\_\_\_

5. I certify that I have read this entire informed consent and that I understand and agree to the information stated in this form. I certify that I am a competent adult of at least 18 years of age. This informed consent is freely and voluntarily execute. Rejuvenation Concierge maintains the right not to treat minors even with adult consent. \_\_\_\_\_

6. I agree that any picture taken of my treatment site may be used for publication and teaching purposes, however, my name will not be disclosed and all reasonable attempts to maintain complete confidentiality of my name will be maintained. \_\_\_\_\_

7. Furthermore, I completely and totally indemnify Rejuvenation Concierge, its owner[s], agents, employees, shareholders and [independent] contractor’s from any and all liability in relation to the performance and

consequences of this procedure[s]. Any clinical follow-up and or corrections would have to be brought to the attention of a Rejuvenation Concierge employee. \_\_\_\_\_

8. No guarantee, warranty or assurances have been made as to the treatment results and no refunds will be offered. \_\_\_\_\_
9. I understand that the results are of temporary nature, and more treatments will be needed to maintain improvement. I agree to adhere to all safety precautions described here including: \_\_\_\_\_
- Avoiding prolonged sun or UV exposure
  - Avoiding saunas for two weeks after injection
  - Avoiding steam baths for two weeks after injection
  - Make up should be avoided for at least 12 hours after injection

Rejuvenation Concierge maintains the right to defer treatment on any customer should it be of their opinion that any treatment or further treatment is not warranted.  
This agreement is binding. It may not be modified by the person receiving the injections or by anyone else without the express written approval by Rejuvenation Concierge that any modifications are allowed. This agreement does not expire.

10. I agree to pay \_\_\_\_\_ for the above mentioned services. \_\_\_\_\_

Patient Name (please print) \_\_\_\_\_

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_