

This is an informed consent document that has been prepared to help inform you concerning dermal filler injections and the risks involved. It is important that you read this information carefully and completely. Please sign the consent form, indicating that you have read the pages and agree. A patient's choice to undergo an elective procedure should be weighed up using a risk benefit ratio. You are encouraged to express any concerns you have about the procedure with your medical practitioner before your treatment. By signing this consent form you have read, understood and fully agree to our Terms and conditions; www.dermisclinics.co.uk/terms-conditions/

Dermal filler (hyaluronic acid filler & Profhilo) is the safe product used to increase volume. It can enhance the appearance of facial and body structures. Dermal filler is a sterile solution of hyaluronic acid gel which is injected into the agreed area.

RISKS OF DERMAL FILLER INJECTIONS : If you are uncertain you should discuss any of the risk below with your medical practitioner to make sure you understand the risks, potential complications, and consequences of dermal filler injections.

Bleeding It is possible, though unusual, to experience a bleeding episode during or after the procedure. Do not take any aspirin or anti-inflammatory medications. For ten days prior to your dermal filler injection appointment.

Bruising & swelling Following this procedure, it is not uncommon to bruise. Swelling and bruising can persist up to two months after treatment.

Necrosis & Blindness This is an extremely rare side effect. It is extremely important that you follow the aftercare advice provided and alert us immediately if you develop any of the following symptoms; blanching of skin, bluish tinge to skin, on going pain. If these symptoms persist it is very likely that we will have to dissolve the filler. This is a quick and effective way to resolve symptoms. Though it is not guaranteed that symptoms can be resolved. This can lead to permanent scarring and blindness.

Infection & Granuloma is unusual. Should an infection occur (skin infection, Granuloma, abscess), additional treatment including antibiotics may be necessary. If infection persists then the filler may need to be dissolved or manually drained.

Transient numbness may develop in the treated area.

Unsatisfactory outcome & refund policy There is a possibility that your expectations will not be met from the treatment provided. The procedure may result in visible deformities, loss of function and/or loss of sensation. You may be disappointed with the results of the procedure. We strictly do **not** provide refunds for treatment received. In signing this form you have read, understood and agree to the terms and conditions on www.dermisclinics.co.uk/terms-conditions/

Allergic reactions In rare cases, local allergies to topical preparations and hyaluronic acid filler have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Expected length of Results The treatment can last up to 6-9 months. This is not a guarantee. There are no guarantees in aesthetic medicine. Some patients will need treatments repeated every 3-6 months to maintain their results and some patients metabolise filler even quicker with some results lasting up to 1 month (rare).

To help us assess that we have listened to, and responded to, your concerns and preferences and have given you sufficient information in the way that you want and can understand it would be helpful to confirm the following statements:

1. I can confirm that I understand the treatment proposed and any relevant alternatives and I am willing to proceed.
2. I have had sufficient time to appreciate the risks involved and in particular I can confirm the clinical team/clinician has worked with me to understand and discuss those risks to which I would attach particular significance.
3. I am of the opinion that my request for treatment is for medical reasons and/or the personal psychological features that are associated with my request. I have expressed my thoughts and feelings to the treating doctor and consent to the treatment for the purpose of restoring and maintaining my health and psychological wellbeing.
4. I have read this in conjunction with the information provided and I have had the potential risks and side effects associated with my treatment fully explained to me.
5. I acknowledge and understand that no guarantee or assurance can be made on the results I will get from the treatment.
6. I consent to the taking of photographs in the course of this procedure for the purpose of assessing my progress.
7. I understand and agree to these Terms and Conditions. Whilst acknowledging the information provided to me.
8. I am satisfied that I have sufficient knowledge of the treatment to give my informed consent.

PATIENT SIGNATURE:

DATE:

I confirm that I have discussed the treatment plan with the above patient and undertake treatment with the purpose of restoring or maintaining health, including the psychological wellbeing of my patient. I also confirm that I accept duty of care for my patient and the standard of care as set out by the GMC in Good Medical Practice/NMC/IMC/IDC/GOC Guidelines. In doing so, I recognise my primary purpose and undertaking is to place the health and wellness of my patient as my first concern.

PRACTITIONER SIGNATURE:

DATE: