

Patient Consent for Treatment with Juvaderm®

The Allergan Product - Juvaderm® mentioned above is a sterile gel consisting of non-animal stabilized hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds in the United States. Dr. Baroody or his assistant has explained the use of & indication for the Allergan product- Juvaderm® to me. I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following: after the injection some common injection-related reactions might occur, such as swelling, redness, pain, itching, bruising, skin discoloration and tenderness at the injection sight. They typically resolve spontaneously within 2-3 days after injection into the skin and within a week after injection into the lips. Other types of reactions are very rare, but about 1 in 5,000 treated patients have experienced localized reactions thought to be of a hypersensitive nature. These have usually consisted of swelling at the injection site, sometimes affecting the surrounding tissues. Redness, tenderness, and rarely acne-like formations have also been reported. These reactions have occurred one to several weeks after the initial treatment. The average duration of this effect is 2 weeks.

Dr. Baroody or his assistant has also informed me that, depending on the area treated, skin type and the injection technique, the effect of a treatment with Juvaderm® can last 12 months or even longer. (Lips: approximately 6-8 months), but that in some cases the duration of the effect can be shorter or even longer. Touch-up and follow-up treatments help sustain the desired degree of correction.

I have answered the questions regarding my medical history to the best of my knowledge. I have been given a copy of this consent. _____

I consent to being treated with the Allergan product; Juvaderm® and I agree with and understand the statements initialed on the reverse side of this page.

Print Name of Patient

Patient's Signature

Date

Witness

Michael Baroody, MD

CONSENT AND RELEASE FOR RESTYLANE® INJECTIONS

_____ I understand these products are made from hyaluronic acid and are used as temporary filling agents for lines/wrinkles and to augment soft tissues of the face.

_____ I understand I may get temporary redness, bruising, itching and scabbing at or around the injection sites.

_____ I understand that there have been reports of large swellings at or around injection sites that occur several weeks/months after the injection, and may persist for many months (the incidence appears to occur less than 1% of the time).

_____ I understand that the swellings may also rarely lead to permanent scars at or around the injection sites.

_____ I understand that there may be additional risk and/or complications which remain unknown at this time.

_____ I understand that this is an elective/cosmetic procedure. Payment is due today. The fee will be \$600 for the first syringe and \$525 for every additional syringe used at time of visit. No guarantees are made regarding the efficacy or duration of this treatment.

I have read and understand all of the issues listed above. I have had ample opportunity to discuss these issues, and all questions have been answered to my satisfaction. I understand that there are other alternative treatments that I could undergo and I elect to receive Juvaderm®. I accept all of the above mentioned risks of receiving the Juvaderm® treatment and request and authorize Dr. Baroodly to treat me with Juvaderm® injections.

Patient Name

Date

Patient Signature

Witness