



INJECTABLE TREATMENT: JUVEDERM

Instructions

Pre-treatment requirements:

A few simple guidelines before your treatment can make a difference between a good result and a fantastic one.

- Reschedule if you have a cold sore, blemish, or rash, on your face before treatment
- If you have a special event or vacation coming up schedule your treatment at least 2 weeks in advance.
- NO Aspirin, Ibuprofen, or any other non-steroidal anti-inflammatory medications for at least 10 days before and after treatment.
- Discontinue Retin-A two (2) days before and two (2) days after treatment.

Post-treatment requirements:

After your treatment, you might have some redness and swelling. This will normally last less than seven days. Cold compresses may be used immediately after treatment to reduce swelling.

- Avoid touching the treated area within six hours following treatment. After that, the area can be gently washed.
- Sunbathing and cold outdoor activities should be avoided until all redness or swelling disappears.
- If you have previously suffered from facial cold sores, there is a risk that the needle punctures could contribute to a recurrence. Speak to Dr. Barood about medications that may minimize a recurrence.
- Avoid exercise and alcohol for six hours after treatment.
- Having a follow-up treatment before the product has fully dissipated will maintain your refreshed appearance. Please be sure to ask Dr. Barood about recommendations for touch-up or follow-up treatments.

I certify that I have been counseled in post treatment instructions and have been given written instructions as well.

Patient Signature _____ Date _____

Witness Signature _____ Date _____



Juvederm® Informed Consent

The Allergan Product - Juvederm® 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. Barood or his assistant has explained the use of and indication for the Allergan product- Juvederm®. 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. Barood 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 Juvederm® 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; Juvederm® 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



JUVEDERM® INFORMED CONSENT

_____ 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 at the time of treatment. 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 Juvederm®. I accept all of the above mentioned risks of receiving the Juvederm® treatment and request and authorize Dr. Barood to treat me with Juvederm® injections.

Patient Name

Date

Patient Signature

Witness