

*Michael Barody, M.D.*

**Patient Consent for Treatment with Restylane®**

The Medicis Aesthetics Product - Restylane® 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. In addition to these indications, Restylane® has been used to enhance the appearance & fullness of lips in over 60 other countries. Dr. Barody or his assistant has explained the use of & indication for the Medicis Aesthetics product- Restylane® 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 implant 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 hypersensitivity nature. These have usually consisted of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness, and rarely acne-like formations have also been reported. The onset of these reactions has occurred one to several weeks after the initial treatment. The average duration of this effect is 2 weeks.

Dr. Barody 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 Medicis Aesthetics' Restylane® can last 6 months or even longer. (Lips: approximately 4-6 months), but 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 Medicis Aesthetics product (Restylane®)** and I agree with and understand the statements initialed on the reverse side of this page.

---

**Print Name of Patient**                      **Patient's Signature**                      **Date**

\_\_\_\_\_ *Michael Barody, MD Plastic Surgery*  
**Witness**

*Michael Barody, M.D.*

**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 \$400 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 Restylane®. I accept all of the above mentioned risks of receiving the Restylane® treatment and request and authorize Dr. Barody to treat me with Restylane® injections.

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Witness**