

Juvederm Injectable Informed Consent Form Page 1 of 2

Patient name:..... DOB:..... M/F.....

This consent form outlines the risks, benefits, alternatives as well as complications that could occur with Juvederm injections. The end of this form allows you and your doctor to attest that all questions have been answered to your satisfaction and that you are giving informed consent to proceed with Juevderm. If, after you have read and reviewed this form with your doctor, you do not believe that you truly understand the risk, benefits and alternatives associated with the procedure, please do not sign the form until all your questions have been answered.

I understand that I will be injected with Juvederm Dermal Filler in the facial area. These injections are implanted intradermally through a fine gauge needle into the treated area. Juvederm is composed of Hyaluronic acid gel.

Juvederm dermal fillers have been approved by the FDA for use in cosmetic treatments of fine facial wrinkles and folds. I understand that Juvederm 24HV is used for the contouring and volumizing of facial wrinkles and folds; Juvederm 30HV dermal filler is used for volumizing and correction of deeper folds and wrinkles; and Juvederm 30 is used for subtle correction of facial wrinkles and folds. I further understand it will be my physician or nurses' decision in regards to which product will be used to treat me.

I understand that multiple treatments are necessary to achieve desired results. Treatments generally last for up to 6 months or longer. Touch up treatments may be necessary to maintain desired results. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

Possible Side Effects can include but are not limited to: Allergic reaction or infection, bleeding, tenderness or pain, redness, bruising, scarring, lumps, bumps or swelling at injection site.

People with a history of cold sores may experience a recurrence after the treatment, although this can be minimized by the use of antiviral medicines. I agree to consult with my physician if I have a history of cold sore or fever blisters prior to this treatment.

I have advised my physician or nurse if I have severe allergies, particularly allergies to bacterial proteins. If I have an allergy to bacterial proteins I understand I am not a candidate for this treatment. I have also advised my physician or nurse if I have asthma, hay fever, eczema or a history of multiple allergies as any of these issues may increase my risk of allergic reaction.

Juvederm Injectable Informed Consent Form Page 2 of 2

I have read and understand the Pre and Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre- and post- procedure guidelines are crucial for healing, prevention of side effects and complications as listed above.

I have advised my physician or nurse if I am pregnant, trying to get pregnant or if I am nursing.

INFORMED CONSENT: JUVEDERM

Patient

I voluntarily request treatment with Botox® by my doctor. I confirm with my signature below that my doctor has discussed the above information with me and explained the alternatives, risks, complications and benefits of Botox® treatment, and all my questions have been fully answered to my satisfaction. I thereby give my unrestricted informed consent for the procedure.

Patient Name:Patients Signature: Date:

Doctor

I confirm with my signature that I have discussed with the above-named patient the risks, potential, complications and intended benefits of Botox®. The patient has had the opportunity to ask questions, all questions have been answered and the patient has expressed understanding. Thus informed, the patient has requested that I administer Botox® to him/her.

Doctors Name: Drew Aiello D.O. Doctors Signature:

Date: