

WELDON

GENERAL AND COSMETIC DENTISTRY

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JUVEDERM INJECTABLE GEL ADMINISTRATION CONSENT FORM

During injections, clients may experience a slight burning sensation. The procedure takes about 20-30 minutes. Results last approximately 6-24 months, depending on which Juvederm product is used - individual results on each product may vary.

RISKS AND COMPLICATIONS:

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance. Such risks include, but are not limited to: temporary injection site reactions including discomfort, swelling, redness and bruising, post treatment bacterial, viral and/or fungal infection requiring further treatment, allergic reaction occurring, granuloma, blindness, occlusion of arteries, ischemia or infarction

PHOTOGRAPHS:

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

PREGNANCY / ALLERGIES:

I am not aware that I am pregnant or breastfeeding or have any allergies to lidocaine or hyaluronic acid or gram positive bacterial proteins.

PAYMENT:

I understand that this procedure is cosmetic and that payment is my responsibility. I hereby voluntarily consent to treatment with Juvederm injection for the condition known as: Facial Static Wrinkles. The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

PATIENT SIGNATURE

Date

For patients being injected with VOLUMA:

Do you have plans to OR have you had ANY dental work within the past 2 weeks or in the next 2 weeks?

Please Circle: YES or NO Patient Initials: _____