



Dr. Brian Zidel

Consent for Hyaluronic Acid Filler

The use, indications, contraindications and potential adverse effects of treatment with H.A. fillers have been explained to me. All questions were answered to my satisfaction.

I understand that:

- H.A. fillers are of non-animal origin. _____
- H.A. fillers are injected via a syringe into the dermis (skin) to temporarily correct lines, wrinkles, folds and contours of the face or to temporarily increase volume in the lips. _____
- H.A. fillers provide correction for approximately 6-18 months. This effect varies depending on the type of skin, areas of injection, amount injected and injection technique. _____
- The longevity of H.A. fillers in the lips may be reduced because of the high vascularization of the lips. _____
- A topical anesthetic will be administered as necessary by Dr. Zidel. _____

I understand that after injection with H.A. fillers, there are some potential side effects which include and may not be limited to the following:

- Inflammatory reactions such as redness, edema and/or erythema, which may be accompanied by stinging, pain, or pressure. These reactions may last up to one week. _____
- Swelling or nodules may develop at the injection site. _____
 - Persistence of inflammatory reactions for more than one week or the development of any side effect must be reported to the physician as soon as possible. _____
- Increased incidence of bruising if taking anti-inflammatories such as acetylsalicylic acid or ibuprofen at the time of injection. _____
- Very rare cases of the filler inadvertently being injected into/compressing a blood vessel leading to skin damage, and even more rarely, vision loss. _____
- Fillers products show up on CT scans and MRIs and could resemble small tumours. Not all physicians are aware of this, so it is best to inform your treating physician should any such testing be required about your face or neck for an unrelated health issue. _____
- If necessary, hyaluronidase (a clear liquid enzyme) can be injected into the filled area to breakdown/dissolve the injected product. _____

I have informed Dr. Zidel of my medical history and understand that I may not be a good candidate for H.A. fillers

- In areas presenting with inflammatory and/or infectious skin problems (acne, etc.). _____
- If I have a past history of autoimmune disease (e.g. rheumatoid arthritis, lupus, multiple sclerosis, vitiligo, etc.). _____
- If I am receiving immunotherapy therapy treatments. _____
- If I have a known hypersensitivity to hyaluronic acid. _____

- If I am undergoing laser therapy, chemical peeling, or dermabrasion. _____
- If I have a tendency to develop hypertrophic scarring. _____
- If I have been to a dentist or am going to a dentist within 2 weeks of treatment. _____
- If I am currently fighting off an infection or have taken antibiotics in the past 10 days for any reason. _____
- If I have severe allergies marked by a history of anaphylaxis. _____
- If I have epilepsy/seizures that are not well controlled. _____
- If I have been treated with permanent implants/filler. _____

I consent to injection of H.A. fillers and indicated hyaluronidase injections (H.S. dissolving agent).

Name (please print) _____

Patient Signature

MD Signature

Date