



COPPER TREE RETREAT
MASSAGE • MEDSPA

JUVEDERM TREATMENT CONSENT FORM

The JUVEDERM procedure has been thoroughly explained. I realize that no promises or guarantees have been made as to improvement of my particular condition. I understand that that treatment may be repeated several times to achieve complete satisfaction. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the JUVEDERM Treatments.

JUVEDERM XC dermal filler is a nonsurgical treatment for nasolabial folds and other facial wrinkles. Using a fine needle, eases JUVEDERM under the skin to fill the soft tissue of the dermis. This adds volume and diminishes the appearance of wrinkles and nasolabial folds instantly.

I have been told the following:

- The procedure involves a tiny needle that injects gel.
- The injection will feel like a small bug bite.
- I may have some redness at the injection sites, if so, I may apply ice.
- There may be slight, temporary bruising or mild swelling at the injection sites.
- There may be numbness or rashes at the injection sites.
- There may be pain, firmness, swelling or bumps.
- Treatment side-effects are mild to moderate, lasting 7 days or less.
- It is not for people with severe allergies.

I have been given the following information:

- Patients who are using substances that can prolong bleeding, such as aspirin or ibuprofen, as with any injection, may experience increased bruising or bleeding at the injection site. You should inform your healthcare professional before treatment if you are using these types of substances.
- If laser treatment, chemical peeling, or any other procedure based on active dermal response is considered after treatment with JUVEDERM injectable gel, there is a possible risk of an inflammatory reaction at the treatment site
- JUVEDERM injectable gel should be used with caution in patients on immunosuppressive therapy, or therapy used to decrease the body's immune response, as there may be an increased risk of infection
- The safety of JUVEDERM injectable gel for use during pregnancy, in breastfeeding females, or in patients under 18 years has not been established
- The safety of JUVEDERM injectable gel hyaluronic acid dermal filler in patients with a history of excessive scarring (eg, hypertrophic scarring and keloid formations) and pigmentation disorders has not been studied.

I certify I have read this entire consent and that I understand and agree to the information provided in this form. I certify I am a competent adult at least 18 years of age. I understand if I am a minor under the age 18, the consent of my parent or legal guardian will be required before treatment. This consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

I authorize taking pictures before and after the injections. I consent to their use for instructional, scientific, educational, and research purposes. However, these photographs will not identify me by name, and my name will not be revealed without my specific written consent.

I acknowledge I am obligated to follow HealthCARE Express instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form.

Patient's:

Printed Name: _____

Signature: _____ Date: _____

Parent/Guardian's:

Printed Name: _____

Signature: _____ Date: _____

Staff's:

Printed Name: _____

Signature: _____ Date: _____