

## PATIENT CONSENT FORM HA Filler

I am aware that hyaluronic acid fillers are sterile gels, consisting of non-animal stabilized hyaluronic acid for injection into the skin used: to correct facial lines, wrinkles, folds, shape the facial contours and for lip enhancement.

### RESULTS AND POST TREATMENT CARE

- I understand that the treatment is injected into the dermis to achieve temporary correction/volume for an average of 6 months. This effect varies depending on skin type, area/amount of injection and technique.
- Treatment longevity in the lips may be reduced due to high vascularization of the lips and a touch up procedure a few weeks after initial treatment may be recommended to optimize results.

### RISKS AND COMPLICATIONS

- Potential side effects may include: mild-moderate inflammatory reactions, bruising, tenderness, and swelling.
- Rare cases of discolouration, necrosis, abscesses, granulomas, or hypersensitivity have been reported. Persistence of any reactions lasting more than one week/new side effect development must be reported to the physician as soon as possible.

### PHOTOGRAPHS

I authorize 1Clinic Aesthetics to photograph me. These images may be used for the following purposes **1)** Educational lectures/presentations for healthcare professionals **2)** Scientific publications **3)** Patient education **4)** Media for educational/public interest purposes. I am aware that all reasonable efforts will be made to conceal my identity and that this may not always be possible, particularly in images involving the face. I understand that this authorization is voluntary & that I may revoke authorization at any time by sending a written statement of revocation.

I hereby release Dr. Linda Nguyen, 1Clinic and its employees from any & all liability connected with the capture/use/release of my images.  YES  NO

### GENERAL HEALTH

- I am not aware that I am pregnant or that I have any neurological disease.
- The health history that I have provided is to the best of my knowledge, accurate and complete.

### PAYMENT

- I am aware that this is a cosmetic procedure & that payment is my responsibility.
- I have read and understand the above. The doctor/nurse has answered my questions satisfactorily & I accept the risks & complications of the procedure.

### SIGNATURE

Client Name: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_