



Consent to fillers (soft tissue augmentation)

Dr. Jeffrey C Dawes and/or his staff have informed me that no treatment can be performed on me without my written consent and I agree as follows;

- Juvederm and Belotero are a cross-linked hyaluronic acid of non-animal origin.
- I understand that small amounts of the filler product will be injected via a syringe into the dermis to temporarily correct changes from fine lines, wrinkles, folds and contours of the face in the goal to temporarily increase the volume in these areas.
- The amount of time that the filler will provide correction varies from patient to patient and on the type of product used.
- The longevity of the effect of filler in the lips may be reduced because of the high vascularization of the lips.
- I acknowledge that the expectation of some patients may not be the same as those of Dr. Jeffrey C Dawes or his nurse injector. Appreciation of the cosmetic result can be subjective and it is difficult for the surgeon or nurse to guarantee perfection.

I clearly understand that after injection of filler there are some potential side effects, which include and may not be limited to the following;

- Bruising, redness and swelling, which may be accompanied by, stinging, pain or pressure. These reactions may last up to one week or longer.
- Swelling or nodules may develop at the injection site.
- Very rare cases of discoloration of the injection sites have been reported.
- Rare cases of stroke, blindness, necrosis (skin ulceration), abscesses, granuloma or hypersensitivity have been reported after injections of hyaluronic acid.
- Increased bleeding or bruising at injection site if using a substance such as acetylsalicylic acid, ibuprofen or patients taking blood thinners.
- Other side effects may include but are not limited to; infection, persistent redness, allergic reaction and hypersensitivity reaction of a personal and unpredictable nature.

I agree to the following:

- I authorize the taking of photographs of the treatment areas, and for the use of photographs for documentation.
- I understand that this is a procedure for cosmetic purposes and that payment for this treatment is my responsibility.

I understand that no warranties, assurances or guarantees have been extended or offered to me by Dr. Jeffrey C Dawes and/or his staff. Dr. Jeffrey C Dawes and/or his staff have answered my questions satisfactorily. I accept the risks and possible complications of my filler treatment. I understand that the treatment may be administered by Dr. Jeffrey C Dawes or his nurse injector.

Date	Print Name	Signature
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Witness:

Date	Print Name	Signature
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