



Thurloe Street Dental.

Thurloe Street Dental

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Patient Consent and Disclaimer for Dermal Fillers

Patient Name: _____

Date of Birth: _____

Address: _____

Home Telephone Number: _____

Other Contact Number: _____

I confirm that I have read the information provided by Allysun Ramsdale regarding the procedure I will be undertaking. I understand the information given and any questions or queries I have had have been answered. Any medical terminology used in this consent has been explained to me. I am aware of all the risks that are associated with the procedure I will be undertaking.

I am aware that these products are non-animal hyaluronic acid and are designed to fill facial lines for facial contouring and lip augmentation. I understand that more than one treatment session may be required to obtain maximum effects. The possible side effects have been explained to me and may include redness, swelling, bleeding, bruising, pain, itching, infection, discoloration, hypersensitivity and acne. I am aware of the following contraindications: post allergic reaction or hypersensitivity to the product. It has been explained to me that the product is not permanent filler and that I will need repeat treatments to maintain the results. Lifestyle factors also affect the duration of the product.

I have been given sufficient information to enable me to understand the use of the product for the approved indications. I have been informed that the treatment is carried out by injection, for the improvement of lines/wrinkles and folds of the skin, for lip augmentation and rehydration of the skin.

As with all injectable treatments, there is a minimum risk of infection, vessel occlusion and hypersensitive reaction. Persistence of inflammatory reaction for more than one week, or the development of any other side effects must be reported to the practitioner as soon as possible.

The effect and length of the results may vary depending on the condition of the skin, mechanical action in the treatment area, amount of product injected and the technique for injection.

Post treatment: following treatment, follow all post-operative advice provided on the aftercare sheet and discussed with your practitioner.

Statement of consent:

I have been informed about the treatment effects of these ranges of products and I consent to the treatment detailed on this form.

The potential benefits and the risks have been fully explained to me.

I understand that the practice of medicine and surgery is not an exact science and therefore that no guarantee can be given as to the results of the treatment referred to in this document. I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no guarantee that the anticipated results will be achieved.

Patient Signature:

Date:

Practitioners Signature:

Date:

PLEASE COMPLETE THE FOLLOWING MEDICAL QUESTIONNAIRE

Are you pregnant or breastfeeding?

Y () N ()

Have you a history of severe allergy/anaphylaxis?

Y () N ()

Are you currently receiving any medical treatment?

Y () N ()

If yes, please give details:

.....

Have you previously received any non-injectable facial aesthetic treatments (e.g. laser, dermabrasion , facial peels etc)?

Y () N ()

If yes, please give details:

.....

Have you ever tested positive for HIV or Hepatitis?

Y () N ()

Do you suffer from keloid or hypertrophic scarring?

Y () N ()

Do you have a phobia of needles or suffer from fainting attacks?

Y () N ()

Have you had any previous dermal filler treatment or Botulinum toxin?

Y () N ()

If yes, which treatment did you receive, what areas were treated and when:

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Do you have any cutaneous (skin) infection or inflammatory problems (e.g. herpes, acne etc)?

Y () N ()

Do you suffer from myasthenia gravis or Eaton Lambert syndrome?

Y () N ()

Do you suffer from any allergies?

Y () N ()

If yes, please give details:

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***If the answer is yes to any of the above, your practitioner may ask for further details.
Treatment may be refused if it is not considered to be in your own interest to proceed.***