

Informed Consent - Dermal Filler

This consent form will apply to all dermal filler treatments performed by Dr Aaron Stanes.

Dermal filler is used for to volumise the face, neck, hands and body. There are different types. Some are reversible, others are not. All are temporary. It is administered via injections.

The risks include:

- Bruising; swelling; redness; pain/tenderness itching; tingling; lumps; nodules; asymmetry; filler migration; cold sore flares; skin discolouration; undesirable appearance; allergic reaction (Including life-threatening anaphylaxis resulting in death); infection; abscess; granuloma; blood vessel occlusion; blindness; stroke; tissue death.

Other important considerations:

- Results are temporary.
- The longevity will vary with each treatment.
- Multiple treatments may be required, and the desired outcome may not be achieved.
- Those with previous cold sores may need to take antiviral prophylaxis.
- If complications occur, subsequent treatment may be required at your own expense. Treatment may include, but is not limited to: antibiotics, antivirals, filler dissolving, surgical removal of filler or nodule, hospitalisation, and surgery to repair tissue or treat blood vessel blockages. Treatment may not successfully resolve complications that occur.

I consent to undergo treatment and agree to/understand the following: (please initial)

- The details and risks of the procedure have been discussed, and I fully understand them. _____
- I have had the opportunity to ask questions, and am satisfied with the information provided. _____
- I may not obtain my expected results, and may require additional treatments at my own expense. _____
- I may require treatment for eventuated risks, and these will be at my own expense. _____
- I have disclosed my complete and accurate medical history to Dr Aaron Stanes. _____
- I understand the signs and symptoms, and when to seek urgent medical care. _____
- I have been informed of the aftercare and will adhere to all instructions where applicable. _____
- I understand that I will not be eligible for a refund under any circumstance, unless required by law. _____
- I have read and understood the above information, and that explained to me by Dr Aaron Stanes. _____

Name:

Practitioner:

DOB:

Signature:

Signature:

Date: