

## Informed Consent - Hyaluronidase

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

Hyaluronidase is an enzyme that is used to dissolve hyaluronic acid filler. It can be used for aesthetic purposes, or in an emergency to treat complications resulting from dermal filler.

The risks include:

- Bruising; swelling; redness; pain/tenderness; itching; tingling; numbness; asymmetry; over or under correction; undesirable appearance; rash; infection; allergic reaction (Including life-threatening anaphylaxis resulting in death).

Other important considerations:

- Multiple treatments may be required, and the desired outcome may not be achieved.
- If complications occur, subsequent treatment may be required at your own expense. Treatment may include, but is not limited to: antibiotics, antivirals, hospitalisation and surgery. Treatment may not successfully resolve complications that occur.
- If used in the case of emergency treatment, it may not be successful in treating the complications.

### ***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: