

You are requesting that Restylane® supplied by Medicis Aesthetics™ be used for cosmetic facial augmentation. Restylane® is a non-animal stabilized hyaluronic acid gel substance. Hyaluronic acid is an important structural element in human skin and tissue. It acts by adding volume to the tissue, shaping the contours of the face, correcting folds and enhancing the lips. The type of solution you will need is determined by the corrections you wish to make to your face.

As with any medical procedure, you should be aware of the safety issues and restrictions associated with this treatment. Please initial your understanding and consent to the following statements:

_____ Like any injection procedure, there are risks of infection, lumpiness, redness, swelling, pain, itching, discoloration or tenderness at the implant site. Typically resolution is spontaneous within 2-3 days after the injection.

_____ Hypersensitivity has been reported in about one in every 5000 treated patients. This consists of excessive swelling and firmness and is usually self resolved in about two weeks.

_____ You should not expose the treated area to heat, such as sunbathing or tanning booths.

_____ You may be dissatisfied with the results. You should not receive this treatment if you have unattainable expectations.

_____ You agree and understand that this treatment is an elective procedure for cosmetic purposes only, it is not medically necessary and payment for the procedure will be made in full prior to the treatment. No third party or insurer will be billed or held responsible for any portion of the cost of this cosmetic procedure.

_____ I agree to hold _____, harmless for not meeting my expectations since I want to receive this treatment despite the risks.