INFORMED CONSENT FOR JUVÉDERM®, JUVÉDERM® ULTRA XC, JUVÉDERM® ULTRA PLUS XC TREATMENT, RESTYLANE® AND PERLANE®

Indications

JUVÉDERM®, JUVÉDERM® Ultra XC and JUVÉDERM® Ultra Plus XC injectable gel are injected into areas of facial tissue where moderate to severe facial wrinkles and folds occur. It temporarily adds volume to the skin and subcutaneous tissues which may give the appearance of a smoother skin surface and may help smooth moderate to severe facial wrinkles and folds.

Correction is temporary; therefore, touch-up injections as well as repeat injections are usually needed to maintain optimal correction. Less material (about half the amount) is usually needed for repeat injections. Most patients need one or possibly two treatments to achieve optimal wrinkle smoothing. The results may last as long as nine months to one year.

Alternatives

Other treatments for dermal soft-tissue augmentation include, but are not limited to, products such as RADIESSE®. Restylane®, Hylaform, Cosmoderm™, and Perlane®. Aside from these treatments, additional options for the correction of lines and wrinkles do exist, including facial creams, BOTOX® Cosmetic (Botulinum Toxin Type A), chemical peels, laser skin surface treatments, and surgery. Other options not mentioned here may exist. All options should be discussed with your physician.

Side Effects and Complications

Most side effects are mild or moderate in nature, and their duration is short lasting (7 days or less). The most common side effects include, but are not limited to, temporary injection-site reactions such as: redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, infection, and discoloration. Extremely uncommon side effects can include tissue occlusion and blindness.

In the first 24 hours after injection, you should avoid strenuous exercise, extensive sun or heat exposure, and alcoholic beverages. Exposure to any of the above may cause temporary redness, swelling, and/or itching at the injection sites. If there is swelling, you may need to place an ice pack over the swollen area. You should ask your physician when makeup may be applied after your treatment.

Be sure to report any redness and/or visible swelling that lasts for more than a few days, or any other symptoms that cause you concern.

Contraindications

JUVÉDERM®, JUVÉDERM® Ultra XC and JUVÉDERM® Ultra Plus XC injectable gel should not be used if you have:

- Severe allergies marked by a history of anaphylaxis or history or presence of multiple severe allergies
- A history of allergies to Gram-positive bacterial proteins

The following are important treatment considerations for you to discuss with us and understand in order to help avoid unsatisfactory results and complications:

- **Please inform us prior to treatment:** If you are using substances that can prolong bleeding, such as aspirin, or ibuprofen, as with any injection, you may experience increased bruising or bleeding at the injection site.
- **Please inform us prior to treatment:** If you are on immunosuppressive or therapy used to decrease the body's immune response, as there may be an increased risk of infection.
- **Please inform us prior to treatment:** If you are pregnant or breast feeding.
- **Please inform us prior to treatment:** If you have history of excessive scarring (eg, hypertrophic scarring and keloid formations) and pigmentation disorders.

If laser treatment, chemical peeling, or other procedure based on active dermal response is considered after treatment with JUVÉDERM®, JUVÉDERM® Ultra XC and JUVÉDERM® Ultra Plus XC injectable gel, there is a possible risk of an inflammatory reaction at the treatment site.

The safety and effectiveness of JUVÉDERM®, JUVÉDERM® Ultra XC and JUVÉDERM® Ultra Plus XC injectable gel for the treatment of areas other than facial wrinkles and folds (such as lips) have not been established in controlled clinical studies. Use in patients under 18 years has not been established.

Patient's Acceptance of Risks

I have read the above information and have discussed it with my physician. I understand that it is impossible for the doctor to inform me of every possible complication that may occur. No guarantees about results have been made. By signing

below, I agree that my doctor has answered all of my questions and that I understand and accept the risks, and alternatives of JUVÉDERM®, JUVÉDERM® Ultra XC and JUVÉDERM® Ultra Plus XC.

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

I have read and understand all information presented to me before signing this consent. I have had ample opportunity to ask any questions regarding skin resurfacing treatment, side effects and after care.

Client/Guardian Signature _____ Date _____

Printed Name _____

Staff Signature _____ Date _____