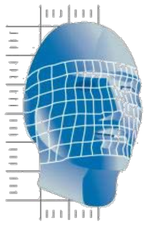

SENTA CLINIC

Kimberly Cockerham, MD, FACS
Neuro-Ophthalmology
Eyelid/Orbital Oncology
Oculofacial Restoration

Consent to Receive Hyaluronic Acid Injection

NEUROSURGERY
Sanjay Ghosh, MD
Scott P. Leary, MD
Alois Zauner, MD
Amanda Gumbert, PA-C
Felix Regala, PA-C
Cassie Petit, PA-C
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OTOLARYNGOLOGY/
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Perry T. Mansfield, MD
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Brian H. Weeks, MD
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OPTHALMOLOGY/
NEURO-ORBIT-PLASTICS
Kimberly Cockerham, MD
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NEUROLOGY
Ian M. Purcell, MD, PhD
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LOCATIONS

MESA COLEGE
7625 Mesa College Drive
Suite 305A
San Diego, CA 92111

CORPORATE & MAILING ADDRESS

MISSION VALLEY
3590 Camino Del Rio N
Suite 100
San Diego, CA 92108
PH: 619-810-1111
FX: 619-229-4938

As my patient you have requested administration of a stabilized hyaluronic acid for correction of wrinkles on the face and undesired folds in the facial skin. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether to go forward with the procedure.

This product is administered via a syringe, or injection into the areas of the face sought to be filled with the hyaluronic acid to eliminate or reduce the wrinkles. Multiple injections are required.

Risks and complications include, but are not limited to:

1. Facial bruising, redness, swelling, itching, and pain: These symptoms are usually mild and last less than a week but can last longer. Some patients may experience additional swelling or tenderness at the implant site and rarely pustules may form. These reactions may last for as long as approximately 2 weeks, and in appropriate cases may need to be treated with oral corticosteroids or other therapy. Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements may experience bruising or bleeding at the injection site. _______ **(initial)**

2. Nodules, and palpable material: There is a risk of small lumps that may form under the skin, and I may be able to feel the product in the areas where it has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material. ______ **(initial)**

3. Unintentional injection into blood vessels: Unintentional injection into these vessels can cause embolization, tissue necrosis, vision impairment, blindness, and stroke. _______ **(initial)**

4. Infection: Any injection of filler material carries the risk of infection. ______ **(initial)**

5. History of herpes infection: I understand that there is a risk that the injection of any filler material carries the risk of recurrence of an outbreak of herpes and that outbreak may be severe in nature. I have disclosed to the health care provider my medical history, and in particular, disclosed prior herpes outbreaks. _____ **(initial)**

6. Allergic reactions: I understand that dermal filler should not be used in patients with severe allergies, a history of anaphylaxis, or history or presence of multiple severe allergies or hypersensitivity to any of the ingredients in the filler, especially hyaluronic acid and gram-positive bacterial proteins. _____ **(initial)**

7. Migration: I understand that filler may move from the place where it is injected.
_____ **(Initial)**

8. Duration of effect: I understand that the outcome of treatment will vary among patients. In some instances, additional treatments may be necessary to achieve the desired outcome
______ **(initial)**

9.Concomitant dermal therapies: If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after hyaluronic acid treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the site. _____ **(initial)**

9. Keloid/scarring: Filler in patients with known susceptibility to keloid formation or hypertrophic scarring is not recommended. _____ **(Initial)**

10. The safety of fillers has not been studied for use during pregnancy. I am not pregnant.
____**(initial)**

11. Most patients are pleased with the results of hyaluronic acid use, however, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of hyaluronic acid use can vary from months to years, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to 1 year. ____ **(Initial)**

CONSENT: Your consent for this procedure is strictly voluntary. By signing this informal consent form, you hereby grant authority to your provider to perform facial augmentation and filler therapy/injections using hyaluronic acid and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition. The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with the provider. _____ **(Initial)**

Date _________ Patient Signature ________________________________

Date __________ Witness Signature __________________________________

Date _________ Physician Signature _________________________________

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