



Consent for Dermal Filler and PRP Injections

I understand that I will be injected with one or multiple of the following fillers: Restylane-L, Restylane Silk, Restylane Lyft, Radiesse, Juvéderm family of Fillers, i.e. Ultra, Belotero, Radiesse, Versa, or my personal PRP/ PPP (Plasma).

Dermal fillers and PRP have been FDA approved for the use in cosmetic treatments for moderate to severe folds and wrinkles around the nose, mouth, mid-face, lips and other areas of the face and hands. I understand this treatment is temporary and reinjection is necessary after 4 weeks to 90 days (PRP), and about six months up to two years with Fillers. Additionally, multiple treatments and/or syringes may be necessary to achieve desired effect. My medical provider will determine which products are best for my desired results.

1. It has been explained to me that other temporary and more permanent treatments are available. The following complications may occur with the dermal filler injection procedure.
2. I understand there's a **RISK** of bruising, redness, swelling, pain at the injection site, tenderness, itching, allergic reaction, and raised bumps of skin. The symptoms are usually mild and typically last a few days but can last up to a few months in rare cases. Bruising can last several months and even be permanent.
3. The **most severe risk** is vascular occlusion where hyaluronic acid could be injected into an artery. Precautions are taken to avoid this risk; however, anatomy can be slightly different on clients. Generally, injections are done with cannulas which greatly decrease the risk of this happening, however it can be a possibility. Medications and emergency kits are readily available in the spa to handle this type of event.
4. **Infection** post treatment whether bacterial, viral and or fungal, can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
5. **Treatments can last** anywhere from 4 to 6 months up to two years. Usually areas which have increased movement, i.e. the mouth and lips will need retreatment in no more than 6 months although there will be some product remaining in the areas of injection.
6. I understand that **more than one injection session may be needed** to achieve a satisfactory result. Bo By Yas does retain syringes that are partially used for up to four weeks and due to supplies and time, an injection fee will be charged for any additional appointments using same syringe.
7. In rare cases there may be an **allergic reaction** to the product.
8. Bo By Yas **provides complimentary numbing** prior to administering fillers and PRP/PPP. Please inform your practitioner prior if you are allergic to: Lidocaine, Benzocaine, Tetracaine or Prilocaine. Additionally, most Dermal fillers contain the numbing agent Lidocaine or Xylocaine. These allergies must be revealed prior to procedure.
9. Dermal Fillers are **not an exact science**; therefore, an uneven appearance can occur with some areas of the face affected more than others. This can generally be corrected by more injections in the same or surrounding areas. This unevenness can persist for several weeks to months in rare cases.
10. You may experience severe swelling and/or bruising post filler procedures. Please **do not schedule any special events for at least 3 weeks.**
11. This list is **not all inclusive** of all possible risks associated with Dermal Filler and PRP/PPP. Pregnant and nursing women should not receive this treatment due to the possibility of infection.
12. The amount of Filler required to add volume to the skin for a smoother appearance is **only an estimate** and there is no guarantee of results and any subsequent treatments are financially the responsibility of the client.

I understand and agree that all services rendered are directly charged to me. **No insurance is accepted.** I further agree in the event of non-payment, to bear the cost of collection and or court costs and reasonable legal fees should this be required. By signing below, I acknowledge that I have read this informed consent and agree to the treatment with its associated risks. I hereby release the person injecting and the facility from liability associated with this procedure. **NO REFUNDS ARE GIVEN FOR PRODUCT INJECTED.** Fillers obtained by give-away have NO CASH VALUE.

PATIENT SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____