



LOHNER
P L A S T I C S U R G E R Y
919 Conestoga Road, Bldg 1, Ste 200
Bryn Mawr, PA 19010

**Informed Consent
Hyaluronic Acid Filler**

What is Juvederm/Restylane/Voluma/Volbella/Vollure?

Juvederm Ultra/Ultra Plus and Restylane injectable gel is a colorless hyaluronic acid gel that is injected into facial tissue to smooth wrinkles and folds, especially around the nose and mouth. Hyaluronic acid is a naturally occurring sugar found in the body that delivers nutrients, hydrates the skin by maintaining water, and acts as a cushioning agent.

What does it do?

Juvederm Ultra, Ultra Plus, Voluma, Volbella and Restylane injectable gels temporarily add volume to facial tissue and restores a smoother appearance to the face.

How long does Juvederm/Restylane last?

You should see immediate improvement in the treated areas. Results vary but may last 6 months or more.

What are the side effects?

Most side effects are mild or moderate in nature and usually last less than 7 days. The most common side effects include temporary injection site reactions such as redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, discoloration and unsatisfactory results. Asymmetry, skin lumpiness and visible filler material are also possible. As with all skin injection procedures, there is risk of infection. More severe side effects, though rare, include damage to deeper structure such as nerves and blood vessels, accidental intra-arterial injection, granulomas and allergic reactions.

Is there anyone that cannot be treated?

Hyaluronic Acid gels should not be used in patients who have severe allergies marked by a history of anaphylaxis, a history or presence of multiple severe allergies or patients with a history of allergies to gram-positive bacterial proteins. Please let your provider know if you have a history of Herpes Simplex Virus or cold sores, as this treatment may provoke a flare up. Patients who are pregnant, nursing or attempting to become pregnant should not receive dermal filler injections.

By signing below, I acknowledge that I have read the Juvederm/Restylane information and consent form and that I have discussed the risks and benefits of Juvederm/Restylane with my physician and his/her representative. I understand the information provided and I consent to hyaluronic acid filler cosmetic treatment.

Signature

Date