



**HYALURONIC ACID CONSENT FORM
(RESTYLANE®/PERLANE®)**

Restylane® and Perlane® are sterile gels consisting of stable Hyaluronic acid for injection into the skin. Hyaluronic acid is a natural substance found in our bodies. Restylane® and Perlane® are manufactured in the lab and are used to correct certain facial lines, wrinkles and folds.

I understand that the effects of Restalyne® and Perlane® are not permanent and can last on the average 4-6 months, depending on the individual and the areas treated. In some cases, the duration of the effect can be shorter or even longer. Touch up and follow up treatments help sustain the desired degree of correction. If I choose not to continue these treatments, my skin will return to the state it was prior to the Restalyne® or Perlane® injections.

The side effects were explained to me, specifically regarding the following: after the injection it is not unusual to experience some swelling, redness, bruising, tenderness or itching. These typically resolve within 2-3 days after the injection into the skin, and within a week after the injection into the lips. In addition, there is discomfort during injection, which can be minimized by the application of a topical anesthetic cream. Other types of reactions are very rare, but about 1 in 5,000 treated patients have experienced localized reactions thought to be hypersensitivity or allergic in nature. These have usually consisted of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness and rarely acne-like reaction have been reported. The onset of these reactions has occurred one to several weeks after the initial treatment. The average duration of these effects is 2 weeks.

I have had the opportunity to discuss any questions or concerns with my doctor. I also understand that payment for this service, in addition to any other cosmetic service, is expected at the time of treatment. Individual results may vary and no one result can be guaranteed to differences in each person's skin type and response.

Patient Signature

Date/Time

Witness