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Contractor:

Nurse Practitioner

Informed Consent – Hyaluronic Acid Filler Injection

This is an informed consent document to help inform you concerning Non-Animal Stabilized Hyaluronic Acid tissue filler injection Cosmetic therapy (Jouvaderm, Restylane etc), its risks and potential side effects. It is important that you read carefully and completely. Please be aware that your signature consenting that you read, understood and you were given enough time to ask questions or any clarification.

General Information

Non-Animal Stabilized Hyaluronic Acid tissue fillers are sterile gels consisting of non animal stabilized hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds, for lip enhancement and for shaping the facial contours.

I clearly understand that fillers are:

1. sterile gels consisting of a cross linked hyaluronic acid of non animal origin _____
2. injected via a syringe into the dermis (skin) to temporarily correct lines, wrinkles, folds and contours of the face or to temporarily increase the volume of the lips. _____
3. Provides correction for an average of 6 -9months. This effect varies depending on the type of skin, areas of injection, amount injected and injection technique. _____
4. The longevity of fillers in the lips may be reduced because of the high vascularization of the lips. _____
5. A touch up procedure a few weeks after the first injection may help increase persistence and optimize results. _____
6. A local anesthetic may be administered as necessary by the physician / (Health Care Provider)HCP _____
7. I clearly understand that after injection of a hyaluronic acid, there are some potential side effects which include and may not be limited to the following:
8. Inflammatory reactions which include redness, swelling, pain, itching, bruising and tenderness at the implant site. These generally have been described as mild to moderate and typically resolve spontaneously a few days after injection. _____
9. Swelling or nodules may develop at the injection site. _____
10. Very rare cases of discolouration of the injection site have been reported. _____
11. Rare cases of necrosis in the glabellar region (if it is injected). Abscess, granuloma or hypersensitivity have been reported after injections of hyaluronic acid. _____
12. Increase of bruising or bleeding at injection site if using a substance such as acetylsalicylic acid (Aspirin) or ibuprofen(Advil/Motrin). _____
13. Numbness and tingling has been reported and can last up to three months. This is a result of nerve damage _____
14. Persistence of any of these reactions for more than a week or the development of other side effects much be reported to the physician as soon as possible. _____

15. Reported case of blindness if injected around the glabellar region _____
16. Rare occasion that injection in an artery that may lead to necrosis of area of skin supplied by this artery. If the injector suspects that injection in an artery happens, he/she will inject a substance called Hyaluronidase to dissolve the filler _____

Other types of reactions are rare, but approximately one in every 2000 treated patients has experienced localized allergic reactions after one or more injections. These have usually consisted of swelling and firmness at the implant site, sometimes affecting the surrounding tissue. Redness, tenderness and rarely acne like formations have also been reported. These reactions have either started a few days after injection or after a delay of a few weeks and have generally been described as mild to moderate and self limiting, with an average duration of 2 weeks. In rare instances these reactions have persisted for several months. _____

On very rare occasions (less than 1 in 15000 treatments) prolonged firmness, abscess formation or greyish discolouration at the implantation sites have occurred. These reactions can develop weeks to months following the injections and may persist for several months but normally resolve with time. Even more rarely, the formation of a scab and the sloughing (shedding) of skin at the treatment site has been noted, which could result in scarring. _____

I have informed my physician/HCP of my medical history and I clearly understand I cannot be treated with a hyaluronic acid filler:

1. If I am pregnant or breastfeeding _____
2. In areas with inflammatory and/or infectious disease skin problems (acne etc) _____
3. If I have a past history of autoimmune disease (lupus, rheumatoid arthritis etc) _____
4. If I am receiving immunotherapy treatments _____
5. If I have a known hypersensitivity to hyaluronic acids _____
6. If I am undergoing laser therapy, chemical peeling or dermabrasion _____
7. If I have a tendency to develop hypertrophic scarring _____

I have informed my physician about all the medications I have taken or am currently taking including herbal medications (i.e. ginseng).

I understand the post treatment instructions. _____

Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and in presentations, as well as marketing purposes. I understand my identity will be protected _____

I have read the information provided in the record of consultation for hyaluronic acid fillers and have discussed the risks and benefits of hyaluronic acid fillers with my physician/HCP and/or his/her representative. I understand the information provided and I was given enough time to ask and inquire about my concerns if any.

Client Signature: _____ Date: _____

Client Name: _____