



JUVEDERM / JUVÉDERM ULTRA / ULTRA PLUS TREATMENT CONSENT FORM

PATIENT INFO

Name: _____

Telephone: _____

Email: _____ Date of Birth: _____

Referred by: _____ Facebook Instagram Google (circle one)

Allergies: _____

What medications are you currently taking? _____

Are you pregnant or lactating? _____

Are you part of the Brilliant Distinctions Program? (Please Circle) YES NO

If so what is your Brilliant Distinctions member number? _____

*****Brilliant Distinctions points can be deposited at appointments valued at \$200.00 or more as per the terms and conditions of the Brilliant Distinctions program.**

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical health/history, I will report it to Revitalize Medical as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and I will not hold any staff member of Revitalize Medical responsible for any errors or omissions that I have made in the completion of this form.

INFORMED CONSENT

Treatment

Treatment with dermal fillers (such as Juvederm) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately. **Initial** _____

Risks and Complications

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, bruising, and discoloration; 2) Post treatment infection associated with any transcutaneous injection; 3) Allergic reaction; 4) Reactivation of herpes (cold sores); 5) Lumpiness, visible yellow or white patches; 6) Granuloma formation; 7) Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs. **Initial** _____

