

Dermal Filler Consent to Treat Form

I have requested that Dr. Carmelo Plateroti, D.O., Dr. Allison Pontius MD, Nikkole Souza, R.N., or Diane Powell, R.N. attempt to restore a natural, and youthful look by treating moderate to severe facial expression lines and features with dermal filler, including: the lips, nasolabial folds, smile lines, nose, mouth, cheek, jaw, forehead, chin, or hands.

Dermal fillers are injected just below the surface of the skin. The results are immediate and typically last six months to two years, depending on the amount administered, the placement of the product, and the type of product selected. Without ongoing treatments, dermal fillers are gradually absorbed by the body and your face returns to its original contours.

Side effects and complications have been minimal. Occasionally, there is a risk of infection, bruising, temporary redness, puffiness, and persistent lumpiness, not usually lasting more than 5-7 days. I understand that dermal fillers have been in the medical field for over 25 years and reFDA approved for use in the improvement of facial contours. The dermal fillers that Dr. Carmelo Plateroti, D.O., Dr. Allison Pontius M.D., Nikkole Souza, R.N., or Diane Powell, R.N., administers are Voluma, Juvederm Ultra, Juvederm UltraPlus, Restylane, Restylane Lyft, Restylane Silk Radiesse and RHA.

I have been advised of the risks involved in such treatments, the expected benefits of such treatment, and the alternative treatments, including no treatment at all. The provider has explained to the patient/family/guardian the nature of the patient's condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches.

The provider has discussed the likelihood of major risks or complications of this procedure including the specific risks listed above and (if applicable) drug reactions, hemorrhage, infection, complications from blood or blood components. The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

Signature:	Date:	
Printed name:		