

# Consent for hyaluronic acid dermal filler treatment

Patient name:

DOB:

Treating practitioner name:

Provider no.:

Treatment date:

**Treatment location:** Victorian Cosmetic Institute Level 1, 268 Minningham Road, Lower Templestowe, 3107

I, \_\_\_\_\_, have been explained the nature of the treatment, the possible risks and side effects. I understand that medical information can change over time, and this may change the potential benefits, risks, methodologies, and uses of dermal fillers. I understand that this treatment is elective and cosmetic in nature, and not medically necessary.

I acknowledge that some applications dermal filler may be 'off-label' meaning they are outside the product's registered indications. I have been informed of alternative treatment options, including no treatment, and I have chosen to proceed.

I understand that photographs may be taken before and after treatment for clinical documentation. These will not be used for marketing or publication without my separate written consent.

I also understand that the results from treatment are unique to each individual, and the outcome is inherently unpredictable. No guarantees can be made about the longevity or outcome of the treatment. I have discussed any contraindications or relative contraindications to treatment with my practitioner, and the effect of these on my treatment. Specifically, I am not pregnant.

**Treatment area(s)**

\_\_\_\_\_

**Name of filler**

\_\_\_\_\_

**Number of mLs of filler to be used**

1mL

2mL

3mL (circle)

**Cost of treatment**

\$1125

\$2250

\$3375 (circle)

I understand and accept the **common side effects and risks** associated with the treatment include:

- Pain during treatment
- Tenderness of treated area
- Bruising and swelling
- An asymmetrical, uneven result, or lumpiness
- No perceived change, unexpected or undesirable cosmetic outcome
- A change in the appearance of filler after a few days or weeks
- Unknown longevity of the filler, with MRI studies showing filler can last many years in some cases
- Dependence or addiction to filler treatments
- Overfilling
- Dissatisfaction with appearance if the filler is dissolved with hyaluronidase as seen in

I understand and accept the following **rare or less common side effects** associated with the treatment:

- Permanent granuloma or nodule (lump) formation that may be untreatable
- Allergic reaction/anaphylaxis
- Prolonged sensitivity/pain at the treated sites.
- Infection and subsequent scar formation.
- Vascular occlusion leading to skin death, scarring, blindness, stroke or hair loss.

## Patient acknowledgement of consent

I certify that I have read and understood the above consent.

I understand the product, treatment process and potential benefits and risks.

I have had enough time to discuss this treatment with my practitioner and have been allowed to ask questions about the procedure.

All of my questions have been answered satisfactorily.

I understand my practitioner may use AI scribe to dictate during my appointment.

I received no treatment before signing this consent form.

**If you would like a copy of this form emailed to you, please circle:**

**Yes**

**No**

**Patients signature:**

\_\_\_\_\_

**Name of patient:**

**Date:**

**Practitioner signature:**

\_\_\_\_\_

**Practitioner:**

**Date:**

My treating practitioner  
not contact

can be contacted on 1300 863 824 or alternatively I can email \_\_\_\_\_. In the event that I can  
, I should email drgavinchan@vci.com.au or drtalhamajoka@vci.com.au should I be experiencing any  
problems or concerns after treatment