MIDWEST INTEGRATIVE HEALTH LLC

MIH - Dermal Filler Consent

Dermal Filler Consent

Procedure Description:

You are considering treatment with injectable dermal fillers. Dermal fillers are used to restore facial volume, smooth wrinkles and folds, enhance facial contours, and rejuvenate the appearance. Products may include hyaluronic acid-based fillers (e.g., Juvederm®, Restylane®) or other FDA-approved materials.

The procedure involves injection of a sterile, gel-like substance under the skin to achieve the desired cosmetic enhancement. Results are temporary and vary depending on the product used, area treated, and individual response.

Administered under your skin into the area to be treated (usually the face) to reduce the wrinkles, folds, cheek, and lip augmentation. The treated area may be mildly sore for a few days after the treatment.

These reactions generally lessen or disappear within a few days, but may last for a week or longer.

An anesthetic (numbing medication) may or may not be used to reduce the discomfort of the injections.

As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials will be taken.

The treatment area(s) is washed first with an antiseptic (cleaning) solution.

The depth of each injection will vary depending on the area and severity of the wrinkle(s) being treated or feature being augmented.

Multiple injections may be required to achieve the desired results.

Most patients are pleased with the results, however, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically depending on the product, to achieve the desired level of correction.

Periodic touch-up injections help sustain the desired level of correction.

Injectable products should not be used in patients who are pregnant, lactating, in people who have experienced hypersensitivity, and in areas with active inflammation or infections (e.g., cysts, blemishes, rashes, hives, or recurrent herpes simplex virus).

After your treatment, you should minimize exposure of the area to excessive sun, UV lamp exposure, and extreme cold weather until any initial swelling or redness has resolved.

Expected Benefits:

- *Smoother skin and reduced appearance of wrinkles/folds*
- *Enhanced volume in cheeks, lips, and other facial areas*
- *Improved facial symmetry and youthful contour*
- *Immediate, visible results with minimal downtime*

Possible Risks and Side Effects:

Although generally safe, dermal filler injections carry certain risks. Despite a very fine needle being used, common injection-related reactions could occur. These risks include but not limited to:

• Redness, swelling, tenderness, bruising, or itching at the injection site

• Lumps, nodules, or asymmetry

• Following each injection, the practitioner and/or injector will gently massage the correction site to conform to the contour of the tissue.

• Some visible lumps may occur temporarily following the injection. These can usually be massaged away, but in rare instances may require treatment with injectable medication or surgical removal of material.

• If the treated area is swollen directly after the injection, ice may be applied to the area for a short period.

• Discomfort or pain during or after treatment

• Infection

• Allergic reaction

• Vascular occlusion (rare but serious complication due to injection into a blood vessel, which can cause skin damage or, very rarely, blindness)

• Granulomas or inflammatory reactions

• Unsatisfactory cosmetic result

• If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the injection site.

• Most side effects are mild and resolve within a few days. Rare or severe complications should be addressed immediately.

Contraindications and Precautions:

Dermal fillers may not be appropriate for individuals who:

• Are pregnant or breastfeeding

• Have active skin infections, rashes, or cold sores near the treatment area

• Have a history of severe allergies or anaphylaxis

• Are currently taking blood thinners or immunosuppressive medications

• Have autoimmune conditions (please disclose during consultation)

Pre- and Post-Treatment Instructions:

Pre-treatment:

• Avoid blood-thinning medications (aspirin, NSAIDs, fish oil, alcohol) for 24–48 hours prior, unless prescribed for a medical condition.

• Notify your provider of any recent dental work, vaccinations, or illness.

Post-treatment:

• Do not rub or massage treated areas for 24 hours unless instructed

• Avoid strenuous exercise, alcohol, and sun exposure for 24–48 hours

• Follow any aftercare instructions provided

Alternatives:

• Topical anti-aging products

• Neuromodulators (e.g., Botox® or Dysport)

• Laser treatments or chemical peels

• Surgical cosmetic procedures

• No treatment

Patient Acknowledgment and Consent:

By signing below, I acknowledge that:

I have received and read the information on dermal filler injections.

I understand the potential benefits, risks, complications, and alternatives.

I have disclosed all medical conditions, allergies, and current medications.

I understand that results are not guaranteed and may vary.

I have had the opportunity to ask questions, and all questions were answered.

I consent to Before and After Photographs.

I consent to receive dermal filler treatment administered by Jessica Thorman, APN, FNP-C, and/or her trained staff.

COST/PAYMENT

The cost of treatment will be billed to you individually and is due at the time of service. Since most uses are considered cosmetic, they are generally not reimbursable by government or private health care plans. Midwest Integrative Health, LLC does not work with or bill to any 3rd party insurance. Insurance will not be accepted and you will be fully responsible for any charges incurred for this procedure.

Consent:

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of nonpayment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the informed consent and agree to the treatment with its associated risks. I hereby give consent for the Dermal Filler injection. I agree to inform my medical provider immediately if I have any side effects. I hereby release Midwest Integrative Health, LLC, Jessica Thorman, APRN, FNP-C and the person injecting Dermal Filler of any damages or liability if anything were to occur.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE DERMAL FILLER CONSET FOR MIDWEST INTEGRATIVE HEALTH, LLC, AND THAT I AM SIGNING THIS FORM VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE -

Date

Photography Release:

I, consent to photographs taken of my face to be used for monitoring treatment progress. I further understand and authorize that photographs and video may be taken of me for educational, scientific and/or marketing purposes by Midwest Integrative Health, LLC both in publications and presentations. I hold the provider and/or practice harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

If pre-and post-operative photos and/or videos are taken of the treatment for record purposes, I understand that these photos will be the property of Midwest Integrative Health, LLC.

Date