



Consent for Juvederm Ultra and Juvederm Ultra Plus

Juvederm Ultra and Juvederm Ultra Plus are sterile gels consisting of non-animal, hyaluronic acid for injection into the skin to correct facial lines, and enhance lip shape.

- I understand that effects of treatment can last 6 to 12 months, but may be less or more. Follow-up treatments may be needed to sustain the desired degree of correction.
 - I understand that reactions include possible bruising, swelling, redness, pain, itching, discoloration and tenderness at the injection site. Although rare, open sores and scar formation can occur.
 - If I have had facial herpes simplex (cold sores) at the injection site, the injection might provoke an outbreak. Any injection, for any reason, carries a small risk of infection.
 - Approximately 1 in 2,000 treated patients have experienced localized reactions thought to be an allergic reaction. Allergic reactions are rare. An allergic reaction can manifest itself by prolonged redness, itching, swelling or a hardening of the skin around the injection site. The reactions can last for as long as 3 to 4 months and in rare cases, has lasted more than a year.
 - Redness, tenderness, and acne-like formations have been reported. These reactions may start a few days, or even 2 to 4 weeks after injection. They are usually self-limiting
 - I understand I am not a candidate for treatment if I am pregnant or breast-feeding.
 - I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentation. I understand my identity will be protected.
 - The use of aspirin or ibuprofen might increase bleeding or bruising at the injection site.
 - The injected substances may be visible beneath the skin.
 - Some contour problems, such as compressed scarring, resist the precise placement of the product, which can result in a slight elevation next to the targeted area.
 - Due to the inherent nature of the injectable substances, no guaranteed can be made to you regarding the results of your injection.
 - There is no guarantee that the expected or anticipated results will be achieved.
 - I have received post treatment instructions. I have reviewed the contents of this checklist and agree to follow the procedures and advice given there.
 - I understand the goals, limitations and possible complications of Juvederm therapy.
- Dr. O'Hara has offered to answer all inquiries concerning the proposed treatment / procedure. I understand that I am free to withhold or withdraw consent to the proposed treatment / procedure at any time. I wish to undergo the procedure.

Printed Name

Signature

Date

Witness Name

Witness Signature