Seaside Medical Practice

Where our focus is you

JUVÉDERM VOLUMA XC / RADIESSE Informed Consent

You are being asked to sign a confirmation that we have discussed the nature of your condition, your contemplated medical procedure, the general nature of the proposed treatment, the request of the proposed treatment, the prospects for success, the reasonable therapeutic alternatives to the treatment, and the risks of such alternatives. Your physician or representative has discussed with you the common problems or risks. You are also being asked to sign a confirmation that you have been given the opportunity to ask whatever questions you may have and that your questions have been answered in a satisfactory manner.

Risk of Treatment

Common side effects include bruising, tenderness, swelling, firmness, lumps/bumps, bruising, pain, redness, discoloration, itching, poor cosmetic result, nodule formation, extrusion, folds or areas of depression, need for possible further correction, allergic reaction, or inadequate correction. Bacterial or viral infections at the site of injection are rare but may occur. As with any injection into the head or neck, the injected material may be inadvertently implanted in a blood vessel, which could cause occlusion, infarction, or embolic phenomena. Rarely, vision abnormalities have been reported after treatment with VOLUMA XC. Additional side effects or long term effects are possible, but none have been observed or are known of at this time. The microspheres in RADIESSE can be seen in X-rays and CT Scans. Long term effects are unknown. If you have a history of herpes, you may experience a herpes breakout after receiving RADIESSE.
Most side effects are mild or moderate in nature and their duration is short lasting (1-4 weeks).

Written Understanding

I request and consent to treatment for the dermal filler, HA (gels of hyaluronic acid generated by non-animal protein) JUVÉDERM VOLUMA XC and/or the dermal filler, calcium hydroxylapatite (CaHA) microspheres suspended in an aqueous gel carrier, RADIESSE,

By_____, licensed medical professional, the *first* and *only* injectable gel that is FDA-approved to instantly correct age-related volume loss in the cheek area. It adds volume, creating contour and lift for up to two years with optimal treatment.
These products should not be used by patients with severe multiple allergies or history of anaphylaxis, allergies to Gram-positive bacterial proteins or lidocaine, pregnant or nursing, under the age of 21, or in areas of active infection. Patients who are using substances that can prolong bleeding, such as aspirin or ibuprofen, as with any injection, may experience increased bruising or bleeding at injection site. Patients on immunosuppressive therapy or pigmentation disorders should use these products with caution.
I hold Seaside Medical Practice and its representatives harmless and hereby release the doctor, the person performing the injection and the facility from liability associated with this procedure. I agree to post-injection follow up examination with this medical professional at their request.

_____ _____

PATIENT SIGNATURE DATE