

PRE-TREATMENT CARE

- If you have a special event or vacation coming up, please keep in mind that you may want to schedule your treatment at least 2 weeks in advance.
- You should not schedule any invasive procedures for 2 weeks before or after treatment with RESTYLANE® LYFT. These include but are not limited to:
 - o Dental cleaning or dental work, Lesion excision or biopsy
 - o Surgery of any kind
 - o Internal device placement
 - o Tattoo or permanent makeup
- History of surgical face lift of any kind will lead to denial of treatment of dermal fillers (RESTYLANE® LYFT) to the mid-face or cheek region.
- It is recommended to discontinue use of Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E or any other essential fatty acids at least 3 days - 1 week before and after treatment to minimise bruising/bleeding. Consult your GP prior to discontinuing any medications.
- Avoid alcohol, caffeine, Niacin supplement, high-sodium foods, high sugar foods, refined carbohydrates, spicy foods and cigarettes 24-48 hours before and after your treatment. These items may contribute to increased swelling or irritation.
- If you have a history of cold sores with outbreaks occurring more than 4 times a year, it is recommended that you are pretreated with medication prior to the injection treatments around or near the oral area. The medication will need to be initiated 3 days prior to your treatment visit. Please consult with your GP in obtaining the medication.
- If you develop a cold/flu, cold sore, blemish, or rash, etc. in the area to be treated prior to your appointment, we recommend that you please reschedule your appointment until it resolves.
- It is recommended to discontinue Retin-A 2-3 days before treatment to avoid any increased redness and irritation.
- It is recommended that you wait at least 2 weeks to have dermal filler treatments performed if you have previously had cosmetic treatments with laser, ultrasound, peels, facials or micro-dermabrasion.
- Be sure to have a good breakfast, including food and drink a minimum for 2 hours before your procedure. This will decrease the chances of lightheadedness during your treatment.
- You are not a candidate if you are pregnant or breastfeeding.

During the course of your treatments, notify our staff of any changes to your medical history, health status, or personal activities that may be relevant to your treatment.

DERMAL FILLER CONSENT FORM

I confirm that I consent to receiving treatment using the cosmetic products that my practitioner has recommended to me.

Treatment with Bliss, Juvederm, E.P.T.Q and other dermal fillers can smooth out folds and wrinkles, add volume to the lips, and contour facial features that have lost their fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected into the skin with a very fine needle or cannula. The products produce a natural volume under the wrinkle, which is lifted up and smoothed out. The results can often be seen immediately. Treating wrinkles with these dermal fillers is fast and safe.

RISKS AND COMPLICATIONS

I understand that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- 1) Post treatment discomfort, swelling, redness, bruising, and discolouration
- 2) Post treatment infection associated with any transcutaneous injection and poor aftercare
- 3) Allergic reaction
- 4) Reactivation of Herpes (cold sores)
- 5) Lumpiness, visible yellow or white patches in approximately 20% of cases
- 6) Granuloma formation
- 7) Localised Necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

PREGNANCY, ALLERGIES AND DISEASE

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving any of the above-mentioned dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to Lidocaine. I will contact my GP for advise before going ahead with the treatment if I am unsure I am suitable.

PROCEDURE

1. This product is administered via a cannula or needle and syringe, into the areas of the face sought to be filled with the hyaluronic acid to eliminate or reduce the wrinkles and folds.
2. An anaesthesia, numbing medicine used to reduce the discomfort of the injection, may or may not be used. A dental infusion is available for lip treatment upon request
3. The treatment site(s) is washed first with and antiseptic (cleansing) solution.

4. Dermal fillers are clear transparent gels that is injected under your skin into the tissue of your face using a thin gauge needle cannula.
5. The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s)
6. Multiple injections might be made depending on the site, depth of the wrinkle, and technique used.
7. Following each injection, the injector should gently massage the correction site to conform to the contour of the surrounding tissues.
8. If the treated area is swollen directly after the injection, ice may be applied on the site for a short period. Ice packs are available to purchase in clinic.
9. After the first treatment, additional treatments of dermal fillers may be necessary to achieve the desired level of correction.
10. Periodic enhancement injections help sustain the desired level of correction.

RISKS/DISCOMFORT

1. Although a very thin needle is used, common injection-related reactions could occur. These could include: some initial swelling, pain, itching, discolouration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil®. We recommend discontinuing use of such medication prior to and post treatment.
2. These reactions generally lessen or disappear within a few days but may last for a week or longer.
3. As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken.
4. Some visible lumps may occur temporarily following the injection and these can take up to 2 weeks to smooth out.
5. Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form. These reactions might last for as long as approximately 2 weeks, and in appropriate cases may need to be treated with oral corticosteroids or other therapy.
6. Dermal fillers should not be used in patients who have experienced this hypersensitivity, those with severe allergies, and should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).
7. Dermal fillers should not be used in areas other than the tissues of the face.
8. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after dermal filler 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 implant site.
9. Most patients are pleased with the results of dermal fillers use. 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 treatment to achieve the results you seek. While the effects of Dermal fillers use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to one year, involving additional injections for the effect to continue.
10. After treatment, you should minimise exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

BENEFITS

Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Its effect, once the optimal location and pattern of cosmetic use is established, can last 6 months or longer without the need for re-administration.

ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: animal-derived collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants, or Botulinum Toxins that can paralyse muscles that cause some wrinkles.

RESULTS

I am aware that full correction is important and that follow-up enhancement treatments will be needed to maintain the full effects. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. The correction, depending on these factors many last 6-12 months and in some cases shorter and some cases longer. By signing this informed consent form, you hereby grant authority to your practitioner to perform facial augmentation and filler therapy injections using dermal fillers and/or to administer any related treatment as may be deemed necessary or advisable in the treatment of your condition.

The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I have read this informed consent and certify I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is "elective" and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this clinic, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable. 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 non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required. PHOTOGRAPHS: I authorise the taking of clinical photographs and their use for scientific and educational publications and presentations. I understand my identity will be protected. I understand photos are mandatory for insurance purposes.

Pre and Post treatment care

I confirm I have read and understood the pre treatment care recommendations provided and I am happy to proceed with the treatment. I confirm I have read and understood the post treatment care provided and will follow these instructions.

By accepting, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent treatments with the above understood. I hereby release the doctor, the person injecting the dermal filler and the facility from liability associated with this procedure.



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