Consentimento Informado de Injetáveis Bioestimuladores (Sculptra/Radiesse)

Consentimento informado para injetáveis estimuladores de colágeno, como ácido poli-L-láctico (Sculptra) e hidroxiapatita de cálcio (Radiesse)

Informações do Cliente

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

DD / MM / AAAA

Detalhes do Tratamento

Product *

- [ ] Sculptra (poly-L-lactic acid)
- [ ] Radiesse (calcium hydroxylapatite)
- [ ] Hyperdilute Radiesse (skin quality)
- [ ] Other biostimulator

Treatment areas *

- [ ] Cheeks / Midface
- [ ] Temples
- [ ] Jawline
- [ ] Chin
- [ ] Neck
- [ ] Hands
- [ ] Buttocks / Hip dips
- [ ] Body (arms, knees, abdomen)

Have you had a biostimulator injection before? *

- [ ] Yes
- [ ] No

If yes, product, area, date, and any nodules or reactions

Do you have hyaluronic acid or permanent filler in the treatment area? *

- [ ] Yes
- [ ] No

Histórico Médico

Are you pregnant, trying to conceive, or breastfeeding? *

- [ ] Yes
- [ ] No

Do you have any of the following?

- [ ] Autoimmune condition (lupus, RA, MS, etc.)
- [ ] Bleeding disorder or on blood thinners
- [ ] Diabetes
- [ ] History of keloid or hypertrophic scarring
- [ ] Cancer (current or within the last 5 years)
- [ ] Immunosuppressed / immune disorder
- [ ] None of the above

Do you have active skin infection, acne, or inflammation in the area? *

- [ ] Yes
- [ ] No

Do you form keloids or hypertrophic scars? *

- [ ] Yes
- [ ] No

Are you allergic to lidocaine or other local anesthetics? *

- [ ] Yes
- [ ] No

Do you have dental work planned in the next 2 weeks or done in the last 2 weeks? *

- [ ] Yes
- [ ] No

Are you requesting treatment of the under-eye area or lips? *

- [ ] Yes
- [ ] No

Current medications and supplements

Allergies (medications, latex, lidocaine, anesthetics)

Riscos e Complicações

Potential Risks and Complications:

- Bruising, swelling, tenderness, and redness at injection sites for up to 1–2 weeks
- Nodules or papules — small firm bumps under the skin that may appear weeks to months after treatment; most resolve but some may require treatment
- Granulomas — inflammatory lumps (rare) that can be persistent
- Asymmetry or uneven results
- Infection and biofilm
- Vascular occlusion — blockage of a blood vessel that can cause tissue damage and, in extremely rare cases, vision loss; biostimulators cannot be dissolved with hyaluronidase
- Delayed or unsatisfactory result — results build gradually over 2–6 months

Results are gradual and depend on your own collagen response. A series of 2–3 sessions 4–6 weeks apart is typical. Massage instructions ("5-5-5" for Sculptra) must be followed.

I understand that biostimulators can cause nodules or granulomas that may appear months later, that they cannot be dissolved with hyaluronidase, and that treatment of complications may take time.

I understand the risk of nodules and that the product cannot be dissolved: _____

I understand that vascular occlusion is a rare but serious complication and that I must seek immediate care for unusual pain, blanching, mottled skin, or vision changes after treatment.

I understand the risk of vascular occlusion: _____

Autorização de Fotos

May we take before-and-after photos for your treatment record? *

- ☐ Yes — for my medical record only
- ☐ Yes — and you may use them anonymously for marketing
- ☐ No

Registro de Serviço

Apenas para uso interno

Service Log

	Date	Area	Product / Lot #	Dose / Volume
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consentimento e Assinatura

I voluntarily consent to biostimulator injectable treatment. I have been informed of the benefits, risks, alternatives, and potential complications, including nodules, granulomas, and vascular occlusion. I understand results are gradual and vary between individuals and that no guarantee of outcome has been made. I release the provider and practice from liability related to this treatment except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Data

Nome completo

Date *

DD / MM / AAAA

Este formulário foi fornecido gratuitamente pela Consentify

O Consentify transforma formulários como este em consentimento digital que seus clientes assinam em seus próprios telefones por código QR — com PDFs automáticos, sinalizadores de contraindicações e armazenamento criptografado. Plano gratuito disponível em https://getconsentify.com.

Apenas um modelo. Revise com seu próprio profissional licenciado ou assessor jurídico antes de usar; os requisitos variam de acordo com a jurisdição e a prática.