

# 生物刺激注射剂知情同意书（Sculptra/Radiesse）

用于胶原蛋白刺激注射剂（如聚左乳酸 (Sculptra) 和羟基磷灰石钙 (Radiesse)）的知情同意书

## 客户信息

First Name \*

Last Name \*

Email Address \*

Phone Number \*

Date of Birth \*

MM / DD / YYYY

## 治疗详情

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

## 病史

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

☐ Yes ☐ No

Do you have any of the following?

- |                                                                      |                                                                     |
|----------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Autoimmune condition (lupus, RA, MS, etc.)  | <input type="checkbox"/> Bleeding disorder or on blood thinners     |
| <input type="checkbox"/> Diabetes                                    | <input type="checkbox"/> History of keloid or hypertrophic scarring |
| <input type="checkbox"/> Cancer (current or within the last 5 years) | <input type="checkbox"/> Immunosuppressed / immune disorder         |
| <input type="checkbox"/> 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)

## 风险与并发症

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: \_\_\_\_\_

## 照片发布

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

## 服务日志

仅供办公室使用

### Service Log

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

## 同意与签名

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: \_\_\_\_\_

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Signature

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日期

---

打印姓名

Date \*

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MM / DD / YYYY

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