Dermal Filler Consent

Informed consent for hyaluronic acid and other dermal filler injections

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Details

Filler Product *

- [ ] Juvederm (Voluma, Vollure, Volbella)
- [ ] Radiesse
- [ ] RHA Collection
- [ ] Other
- [ ] Restylane (Lyft, Silk, Defyne, Refyne)
- [ ] Sculptra
- [ ] Revanesse Versa

Treatment Areas *

- [ ] Lips
- [ ] Cheeks / Midface volume
- [ ] Under-eye / Tear trough
- [ ] Hands
- [ ] Nasolabial folds (smile lines)
- [ ] Chin augmentation
- [ ] Temples
- [ ] Marionette lines
- [ ] Jawline contouring
- [ ] Non-surgical rhinoplasty

Health Screening

Have you had dermal filler injections before? *

- [ ] Yes
- [ ] No

If yes, describe any previous complications

Have you ever had permanent or semi-permanent filler (e.g., silicone, PMMA)? *

- [ ] Yes
- [ ] No

Have you had any dental work in the past 2 weeks or have any scheduled? *

- [ ] Yes
- [ ] No

Do you have a history of cold sores (herpes simplex)? *

☐ Yes ☐ No

Do you have any autoimmune conditions? *

☐ Yes ☐ No

Risks & Complications

Potential Risks and Complications:

- Bruising, swelling, and redness at injection sites (common, resolves in 1-2 weeks)
- Asymmetry that may require touch-up
- Nodules or lumps under the skin
- Tyndall effect (bluish discoloration, especially under eyes)
- Infection at injection sites
- Granuloma formation (inflammatory reaction)
- Vascular occlusion — blockage of a blood vessel that can lead to tissue damage or, in extremely rare cases, vision changes or blindness
- Skin necrosis (tissue death) if blood supply is compromised
- Migration of product from the intended area
- Allergic reaction (rare with hyaluronic acid fillers)

Hyaluronidase (Hylenex) can be used to dissolve hyaluronic acid fillers in case of complications. Non-HA fillers cannot be dissolved.

I understand that vascular occlusion is a serious but rare complication of dermal filler injections that can lead to tissue damage, skin necrosis, or vision changes. I understand the importance of seeking immediate medical attention if I experience unusual pain, blanching, or vision changes after treatment.

I understand the risk of vascular occlusion: _____

I have been informed of the potential risks and complications of dermal filler treatment. I understand that results vary, filler is temporary, and additional treatments may be needed.

I acknowledge all risks described above: _____

Service Log

For office use only

	Date	Area	Product / Lot #	Volume (mL)
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to dermal filler injection treatment. I have been informed of the benefits, risks, alternatives, and potential complications. I have had the opportunity to ask questions and all my questions have been answered satisfactorily. I understand this is an elective cosmetic procedure and no guarantees of outcome have been made. I release the provider and practice from liability related to this treatment.

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

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY