



**SOUTH COAST**  
UROGYNECOLOGY

THE LAGUNA LASER CENTER

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### Radiesse® Informed Consent

Toll free (877) 4-UROGYN  
Main (949) 499-5311  
Fax (949) 499-5312

I \_\_\_\_\_ understand that I will be injected with Radiesse in the following area's \_\_\_\_\_.

Radiesse is a resorbable implant product approved by the United States Food and Drug Administration for the correction of moderate to severe facial wrinkles and folds, such as nasolabial folds.

Risks and complications that may be associated with Radiesse and the implant procedure include, but are not limited to:

- **Facial Bruising, Redness, Swelling, Itching and Pain:** I understand that there is a risk of bruising, redness, swelling, itching and pain associated with the procedure. These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.
- **Nodules, and palpable material:** I understand that there is a risk that small lumps may form under my skin due to the Radiesse material collecting in one area. I also understand that I may be able to feel the Radiesse material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.
- **Migration:** I understand that the Radiesse, as with any filler material, may move from the place where it was injected.
- **Infection:** As with all transcutaneous procedures, I understand that injection of any filler material carries the risk of infection.
- **Allergic Reactions:** I understand that Radiesse should not be used in patients with severe allergies, a history of anaphylaxis, or history or presence of multiple severe allergies or hypersensitivity to any of the ingredients in Radiesse.
- **Keloids/Scarring:** I understand that the safety of Radiesse in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.
- **Accidental Injection into a Blood Vessel:** I understand that Radiesse can be accidentally injected into a blood vessel, which may block the blood vessel and cause local tissue damage, or potentially even a heart attack or stroke.
- **Radio-opacity:** I understand that Radiesse is radiopaque and is visible on CT Scans and may be visible in x-rays.
- **Duration of Effect:** I understand that the outcome of treatment with Radiesse will vary among patients. In some instances, additional treatments may be necessary to achieve the desired outcome.

No studies of interactions of Radiesse with drugs or other substances or implants have been conducted.

This above list is not meant to be inclusive of all possible risks associated with Radiesse or dermal fillers in general, as there are both known and unknown side effects and complications associated with any medication or dermal filler injection procedure. I understand that medical attention may be required to resolve complications associated with my injection.

I understand that I should minimize exposure of the treated area to the sun or heat for approximately 24 hours after treatment or until any initial swelling or redness goes away.

The safety of Radiesse for use during pregnancy or in breastfeeding women has not been established.

I have discussed the potential risks and benefits of Radiesse with my doctor. I understand that there is no guarantee of any particular results of any treatment.

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should they be required. By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my doctor to my satisfaction, and consent to the treatment described above with its associated risks. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the doctor, the person performing the Radiesse injection and the facility from liability associated with this procedure.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

## DERMAL FILLERS TREATMENT

### Instructions

#### Pre-treatment requirements:

A few simple guidelines before your treatment can make a difference between a good result and a fantastic one.

- If you have a history of Herpes (cold sores) you must be treated 2 days prior and 8 days after treatment with Valtrex 500mg BID (twice a day) or Zovirax 400mg TID (three times a day).
- Reschedule if you have a cold sore, blemish, or rash, on your face before tx.
- If you have a special event or vacation coming up schedule your treatment at least 2 weeks in advance.
- NO Aspirin, Motrin or any other non-steroidal anti-inflammatory medications, St. John's Wort, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, high doses of Vitamin E, or any other essential fatty acids at least **1 week before and after treatment.**
- Discontinue Retin-A two (2) days before and two (2) days after treatment.
- AVOID: Alcohol, caffeine, Niacin supplement, high-sodium foods, high sugar foods, refined carbohydrates (you may eat fruit), spicy foods, and cigarettes 24-48 hours before and after your treatment

#### Post treatment requirements:

After your treatment, you might have some redness and swelling. This will normally last less than seven days. Cold compresses may be used immediately after treatment to reduce swelling. If the inconvenience continues beyond seven days or if other reactions or side effects occur, please contact your physician.

- Avoid touching the treated area within six hours following treatment. After that, the area can be gently washed.
- Sunbathing and cold outdoor activities should be avoided until any redness or swelling disappears.
- If you have previously suffered from facial cold sores, there is a risk that the needle punctures could contribute to a recurrence. Speak to your physician about medications that may minimize a recurrence.
- Avoid exercise and alcohol for six hours after treatment.
- Having a follow-up treatment before the product has fully dissipated will maintain your refreshed appearance. Please be sure to consult your physician about recommendations for touch-up or follow-up treatments.

**I certify that I have been counseled in post treatment instructions and have been given written instructions as well.**

**Patient Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Witness Signature**\_\_\_\_\_ **Date**\_\_\_\_\_



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## DERMAL FILLER TREATMENT RECORD

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed all contraindications, warnings and precautions as stated in the physician package insert and the client's medical history. \_\_\_\_\_

Patient denies NSAID's, Aspirin, Coumadin, Heparin or blood thinning agents in the last 7days.  
\_\_\_\_\_

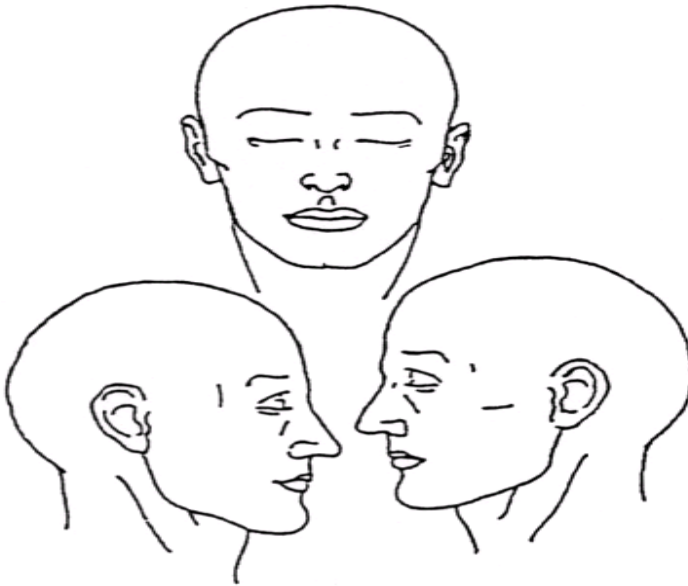
Consent signed: \_\_\_\_\_ Date : \_\_\_\_\_

Anesthetic used: \_\_\_\_\_

Cool Packs given – Pre \_\_\_\_\_ Post \_\_\_\_\_

Affix Label here

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Notes: \_\_\_\_\_

After care instructions reviewed and given. \_\_\_\_\_

Total C.C.'s Given: \_\_\_\_\_

Complications: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

The Women's Center

3180 S. COAST HIGHWAY

SUITE 200

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