



Consent for INJECTABLES- DERMAL FILLERS

Thank you for choosing Alazzo Med Spa. This form is exclusively related to Dermal Fillers. Please read this form thoroughly and ask questions that you may have prior to the treatment. This consent will serve for all dermal filler injections performed and does not need to be renewed. Sign only after you feel comfortable enough to begin.

Procedure: Injection of JUVEDERM Ultra XC®, JUVERDERM Ultra Plus XC®, or RESTYLANE product line into the areas of the face to provide correction of facial wrinkles and folds due to aging, sun exposure and loss of volume. This procedure adds fullness to the skin and facial tissue temporarily and may provide a smoother and rejuvenated appearance.

Expectations: Results can often be seen immediately and can last up to 9-12 months. The duration of improvement may vary between patients and the type of dermal filler injected. Touch up injections may be needed. Correction is temporary and subsequent treatments will be necessary to maintain correction.

Risks and Complications: Possible side effects include bruising, swelling, redness, bleeding, pain, itching, firmness, migration, infection, scarring, discoloration, and allergic reaction. This list is not meant to be all inclusive as there are both known and unknown side effects associated with any medication or treatment.

Restrictions and Limitations: Dermal fillers are not recommended for those who are pregnant or breast feeding, those with known allergies to Gram-positive bacterial proteins, those taking substances that can prolong bleeding such as aspirin, Motrin, Advil, Aleve, long term blood thinning medication such as Coumadin, and those who have experienced allergic reactions to Dermal fillers in the past.

I understand the results of dermal fillers are temporary and several sessions may be needed to achieve optimal results. The amount of dermal filler injected is an estimate and there is no guarantee of results. Regular charges apply to all subsequent treatments. I am also aware that duration of desired effect is dependent on many factors including but not limited to age, sex, tissue and skin condition, general health, lifestyle, and sun/heat exposure.

Pre and Post Instructions:

I agree that I have received the pre and post treatment instructions and I will follow those instructions carefully. I acknowledge that failure to follow these instructions may result in an increased risk of complications or a reduction in optimal results.

Alazzo Med Spa is here to support you during your Injectable experience. We have a highly informed staff that can answer all of your questions. Please call us if you have any questions or concerns after your treatment.

I am at least 18 years of age and my signature below attests that I have all of my questions answered to my satisfaction, I am comfortable with the information received in this from and I agree to the terms outlined.

Patient Signature _____

If you have any questions after reading these guidelines, please do not hesitate to call us for clarification.



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INJECTABLES- DERMAL FILLERS**

Provider Signature _____

If you have any questions after reading these guidelines, please do not hesitate to call us for clarification.

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