

CONSENT FOR JUVEDERM ULTRA

THIS PROCEDURE IS INTENDED FOR WRINKLE CORRECTION AND LIP ENHANCEMENT.

JUVEDERM ULTRA is a sterile, crystal-clear, non-animal, non-pyrogenic, biodegradable injectable gel based on a natural substance, called Hyaluronic Acid. The gel is injected into the skin in tiny amounts with a very fine needle. The result is instantaneous and produces a long-lasting, natural enhancement/correction, for moderate to severe facial wrinkles and folds, which is gentle and safe to your skin. The initial treatment is best maintained by follow-up treatments.

After the procedure, the treated area may appear red, or discolored, with possible itching, swelling, tenderness and some bruising may occur. Patients who are using substances that prolong bleeding, such as aspirin and non-steroidal anti-inflammatory drugs, experience an increased risk of bruising. Typically resolution is within a few days after the injection.

1. I know that after the Juvederm Ultra injection, my skin will become red and there will be swelling, and bruising for a few days. Occasionally, the Juvederm Ultra becomes "lumpy" and this will resolve itself.
(Initials)_____

2. I will not expose the treated areas to intense heat or extreme cold at least until the initial swelling and redness have resolved.
(Initials)_____

3. I know that the complications are rare but possible and may include, but are not limited to:
 - Infection • Redness • Urticaria & Pruritus (itching) • Swelling
 - Bruising • Erythema (redness) • Pustular rash • Thickening of
 - the skin
 - Necrosis • Tenderness • Skin Discoloration • Hardening of the skin
(Initials)_____

4. I also authorize Dr. Rotter to perform any other procedure, which he may deem necessary or advisable in attempting to improve my appearance, or for any unforeseen condition that he may encounter during the treatment.
(Initials)_____

5. I know that the practice of medicine and surgery is not an exact science and therefore, reputable practitioners cannot guarantee results. I acknowledge that no guarantee has been made by anyone regarding the results of a Juvederm Ultra injection.
(Initials)_____

6. I know that Dr. Rotter and his staff are not responsible for any side effects or problems that might arise from the Juvederm Ultra injection.
(Initials)_____

7. Any problems should be brought to Dr. Rotter's attention immediately.
(Initials)_____

8. I know that I may need more than one Juvederm Ultra injection to achieve and maintain desirable results.

(Initials)_____

9. I know that I must not be pregnant at the time of Juvederm Ultra treatment.
(Initials)_____

10. The effect and nature of the Juvederm Ultra injection, as well as possible alternative methods of treatment have been fully explained to me.
(Initials)_____

I am satisfied that I have been fully informed. I hereby request and authorize Steven M. Rotter, M.D. to perform Juvederm Ultra injections on me for the purpose of attempting to improve my appearance.

Signature_____Date_____

(Patient or person authorized to sign consent)

Witness

_____Date_____