

CONSENT FOR RESTYLANE

THIS PROCEDURE IS INTENDED FOR WRINKLE CORRECTION AND LIP ENHANCEMENT.

RESTYLANE is a crystal-clear, non-animal, biodegradable 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, 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. Typically resolution is within a few days after the injection.

1. I know that after the Restylane injection, my skin will become red and there will be swelling, and bruising for a few days. Occasionally, the Restylane 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 Restylane injection.

(Initials)_____

6. I know that Dr. Rotter and staff are not responsible for any side effects or problems that might arise from the Restylane 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 Restylane injection to achieve and maintain desirable results.
(Initials)_____
9. The effect and nature of the Restylane 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 Restylane injections on me for the purpose of attempting to improve my appearance.

Signature_____Date_____

(Patient or person authorized to sign consent)

Witness _____Date_____