



Beauty, laser & wellness center
Monica Bonakdar, MD

Filler Injectable Informed Consent

This form is designed to provide you with the information you need to make an informed decision on whether or not to have a filler injection performed. If you have any questions or do not understand any part of this consent, please do not hesitate to ask us.

TREATMENT- I have requested that Dr. Bonakdar attempts to improve my facial wrinkles and soft tissue loss with: Juvederm Artefill

Juvederm is an FDA approved sterile gel consisting of non-animal stabilized Hyaluronic Acid. Juvederm lasts up to 12 months. In some cases, however, the duration of the effect may be shorter or longer. Future follow-up treatments help sustain the desired degree of correction. Juvederm is \$650.00 per syringe.

ArteFill is an FDA approved sterile substance made of Poly Methyl Methacrylate micro-spheres in a purified bovine collagen gel carrier. ArteFill is permanent filler. Artefill is \$1,400.00 per syringe.

FULL CORRECTION- I understand that full correction may take several syringes to accomplish and there is a charge for all additional syringes used.

- I want full correction and I am willing to do more than one syringe.
- I only want one syringe today. (Please inform Dr. Bonakdar.)

CONTRAINDICATIONS-

- I do not have a history of cold sores/herpes simplex in the area being treated.
- I am not pregnant and I am not breastfeeding.

HERPES SIMPLEX- Herpes simplex eruption may result in rare cases in a treated area that has previously been infected with the virus. This reactivation can be avoided by taking an Anti-viral prior to the procedure. I understand that if I have ever, in my life, experienced a cold sore in the area of my treatment, I must start on an antiviral prophylaxis and I can get a prescription from this office by requesting the medication.

SIDE EFFECTS- Just as there may be benefits to a procedure, I understand that all procedures involve risks to some degree. Side effects are temporary and typically resolve spontaneously within 7-10 days after treatment. Complications occur very rarely. These include but are not limited to swelling, redness, bruising, numbness, pain, itching, discoloration, granuloma formation, firm hard areas, allergic reaction, extrusion and infection. Poor cosmetic results, unequal correction, and possibility of need of further corrections may also occur.

BRUISING- SOMETIMES HAPPENS IN THE HANDS OF THE BEST INJECTORS. SO PLEASE PLAN YOUR APPOINTMENT ACCORDINGLY.

Things to do to avoid bruising:

Avoid consuming alcohol for 10 days prior to your treatment.

Avoid consuming any medications, herbal remedies or supplements that are known to thin the blood for 10 days prior to your treatment. For Example: blood-thinners, anti-coagulant, Aspirin products, Ibuprofen products, any NSAIDS or Non-Steroidal Anti-Inflammatory Drugs, Saint John's Wort, Vitamin E or Fish Oil.

Acetaminophen/Tylenol is permissible to take.

Start Medical Grade Arnica Pills prior to your appointment to prevent bruising.

Things to do to heal bruises faster:

Ice the bruised area for 5 minutes 3-4 times a day until all signs of bruising are gone.

Prior to your treatment- Start SinEcch. This is a Medical Grade Arnica Pill that is an all natural medicine to reduce pain, bruising, and swelling from procedures and surgeries. It has been used for hundreds of years by European doctors. SinEcch is prepared as a homeopathic medicine from the herb Arnica Montana in doses four to five times the over the counter dose. This preparation is available at our office for \$35.

For Mild Bruises- Apply Arnica Gel onto the bruise three times a day. This preparation is available at our office for \$20.

For Moderate Bruises- Start Auriderm Post procedure relief kit. This kit contains both a Vitamin K gel as well as Arnica Pills that together promote healing and improve the unsightly appearance of bruises. This preparation is available at our office for \$42.

AUDIO AND VIDEO RELEASE- Pre and Post-Treatment photos, video and audio may be taken of the treatment for record purposes. I understand that these photos will be the property of Dr. Bonakdar. These photos may be used for diagnostic, educational, advertising, or record keeping purposes; however the material will not contain my name or any other personal identifying information.

NO GUARANTEES- Because all individuals are different, it is not possible to completely predict the benefits from this treatment. By signing this form I acknowledge that guarantees as to the final results of my treatment have not been made. Some individuals will have a very noticeable improvement after the first treatment, while others may have little or no improvement. I understand that additional treatments for additional fees may be needed to achieve my desired end result.

NO REFUNDS- This office has a strict no refund policy. This means that no refunds are given on procedures performed for any reasons.

By my signature, I acknowledge that I have read the foregoing informed consent form and have been adequately informed of the nature of my condition, the nature of the procedure, the expected benefits of this treatment, the risks of this treatment, the alternative methods of treatment, and the risks of not treating my condition. I hereby consent to this procedure.

Patient's Signature _____ Date _____

Staff Signature _____ Date _____