



Informed Consent for Wrinkle Fillers

I have requested Dr Michael Brown to perform injections using (circle one) Restylane, Perlane, or Juvederm on me. I understand that this is for cosmetic purposes. I also agree that a lidocaine dental block be performed as needed. I agree to inform Dr Brown if I have a history of fever/cold sores as these may break out if I have injections around or in the lips. I understand the practice of medicine is not an exact science and results may vary and repeat injections may be needed to correct any asymmetry.

Today, I desire correction of the following area(s):

As with any procedure, I understand there are risks involved. I understand possible side effects or complications may include but are not limited to: infection, cold sores, swelling, bruising, headache, pain, small nodules under the skin, bleeding, and hematomas. I understand, in very rare instances, there have been reported cases of skin breakdown and ulceration.

I also understand that insurances do not cover cosmetic procedures and payment is due in full on the day of the procedure.

Patient Signature

Date