



RESTYLANE PATIENT INFORMED CONSENT TO TREAT

Patient Name: _____ Date: _____

Injectable Restylane is a gel made of hyaluronic acid generated by Streptococcus bacteria. There is no necessity for skin testing to receive a Restylane treatment. Restylane is indicated for mid to deep dermal implantation for the temporary correction of moderate to severe facial wrinkles and folds. Restylane has been shown to provide correction to the injected sites for up to 6 to 9 months; however, the correction does not last as long when used for lip augmentation. Restylane has not been studied for safety and effectiveness in any other anatomic regions other than naso-labial folds. Restylane should not be used on patients with severe allergies, a history of anaphylaxis, pregnant or nursing, under the age of 18, in areas of infection, or on immunosuppressive therapy. The risks involved in receiving Restylane injections include temporary inflammation at the injected site, redness, slight swelling, bruising, tenderness, and possibly itching. This typically clears up in less than 7 days post injection. If laser treatment, chemical peeling or any other procedure based on active dermal response is considered after treatment, there is a possible risk of eliciting an inflammatory reaction at the implant site. Without touch up injections, the correction will subside gradually and your skin will look like it did before treatment.

Patients using substances that reduce coagulation, such as aspirin and non-steroidal anti-inflammatory drugs may experience increased bruising or bleeding at the injection sites. Other risks may include temporary local pain, redness, itching, temporary skin discoloration, bruising and swelling in the treated area. Additional side effects are possible, but none have been observed or are known of at this time. You should contact Dr. Doolabh immediately should any unusual side effects occur.

As with any injection procedure, there exists the risk of side effects. These risks have been explained to me in detail. I have read the above information or have had the procedure explained to me by Dr. Doolabh or her representative. I understand the success of this procedure can not be guaranteed and am aware of the benefits and risks associated with this procedure. I give my consent to proceed with the treatment with Restylane by Vaishali B. Doolabh, M.D. or her representative.

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