

Advised consent

I confirm I have been informed that:

The Juvéderm® ULTRA range of products are injected into the dermis to correct wrinkles, folds and lines of the face and skin or for lip augmentation. You should be aware that the combination of the Juvéderm® ULTRA range with certain drugs that reduce or inhibit hepatic metabolism (cimetidine, beta-blockers etc.) is inadvisable. You should be made aware that this product contains 0.3% of lidocaine that may produce a positive result in anti-doping tests. Due to the use of a needle, there is likely to be some bleeding at the injection site. Reactions giving rise to, for example, redness and swelling may occur after the injection and this may be associated with stinging, itching or discomfort upon pressure at the injection site. This reaction may last for several days. Rarely discolouration of the injection site, necrosis, abscess formation, granulomas, hypersensitivity and haematomas have been reported. Indurations or nodules may develop at the injection site.

If any of these symptoms persist for more than one week, or if any other side effects develop please report them to the practitioner as soon as possible so that they can advise on the best course of treatment. Whilst rare, such side-effects and their treatment may last for several months.

The aesthetic effects of the Juvéderm® ULTRA range of products last for up to 12 months but will vary depending on the condition of the skin, area treated, amount of product injected, injection technique and lifestyle factors such as sun exposure and smoking.

The average life of treatment in the lips is less than in other areas because of the high vascularisation and action of the lip area. A touch-up procedure may be required 1-3 weeks after the first injection and helps to optimise the results and maximise the duration of the results.

After treatment, please avoid extreme facial expressions, alcohol consumption and applying make up for 12 hours. Please avoid extreme sun exposure, UV light, freezing temperatures and saunas for 2 weeks after treatment.

My treating healthcare professional/aesthetic medical practitioner has:

- Provided me with sufficient information about the treatment detailed overleaf in order to make an informed decision
- Given me the opportunity to ask all remaining questions I may have about the treatment, and has answered them to the best of their ability
- Given me the time to consider the treatment detailed overleaf
- Received the relevant medical history information from me to the best of my knowledge

I therefore consent to receiving the described treatment by my treating healthcare professional/aesthetic medical practitioner.

Signed: _____ Date: _____