



Dermatology Surgical & Medical Group

1661-E Soquel Drive, Santa Cruz, CA 95065
831-476-2444

Patient Evaluation Form for Restylane® and Perlane®

You are requesting that Restylane® and Perlane® supplied by Medicis Aesthetics™ be used for cosmetic facial augmentation. Restylane® and Perlane® is a non-animal stabilized hyaluronic acid gel substance. Hyaluronic acid, is an important structural element in human skin and tissue. It acts by adding volume to the tissue, shaping the contours of the face, correcting folds and enhancing the lips. The type of solution you will need is determined by the corrections you wish to make to your face.

As with any medical procedure, you should be aware of the safety issue and restrictions associated with this treatment. Please initial your understanding and consent to the following statements:

_____ Like any injection procedure, there are risks of infection, lumpiness, redness, swelling, pain, itching, discoloration or tenderness at the implant site. Typically resolution is spontaneous, within 2-3 days after the injection.

_____ Hypersensitivity has been reported in about one in every 5,000 treated patients. This consists of excessive swelling and firmness and is usually self-resolved in about two weeks.

_____ You should not expose the treated area to heat, such as sunbathing or tanning booths.

_____ You may be dissatisfied with the results. You should not receive this treatment if you have unattainable expectations.

_____ You agree and understand that this treatment is an elective procedure for cosmetic purposes only, it is not medically necessary and payment for the procedure will be made in full prior to treatment. No third party or insurer will be billed or held responsible for any portion of the cost of this cosmetic procedure.

_____ I agree to hold Dermatology Surgical Medical Group as well as the following providers:

Dr. Magid Dr. Calciano Dr. Shields Mary Codiga, RN

harmless for not meeting my expectations since I want to receive this treatment despite the risks.



Dermatology

Surgical & Medical Group

Patient Consent For Treatment with Restylane® and Perlane®

Restylane® and Perlane® exclusively supplied by Medicis Aesthetics™ and approved by the FDA, is a sterile gel consisting of non-animal stabilized hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds in the United States. In addition to these indications, Restylane® has been used to enhance the appearance and fullness of lips in over 60 other countries.

My practitioner has explained the use of and indication for Restylane® and Perlane® to me. I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following: after the injection some common injection-related reactions might occur, such as swelling, redness, pain, itching, bruising, skin discoloration and tenderness at the implant sight. They typically resolve spontaneously with 2-3 days after injection into the skin and within a week after injection into the lips. Other types of reactions are very rare, but about 1 to 5,000 treated patients have experienced localized reactions thought to be of a hypersensitivity nature. These have usually consisted of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness, and rarely acne-like formations have also been reported. The onset of these reactions has occurred one to several weeks after the initial treatment. The average duration of this effect is 2 weeks.

My practitioner has also informed me that, depending on the area treated, skin type and the injection technique, the effect of a treatment with Restylane® and Perlane® can last twice as long as collagen. In some cases the duration of the effect can be shorter or even longer. Touch-up and follow-up treatments help sustain the desired degree of correction.

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the Restylane® and Perlane® "Post-Treatment Checklist". Its contents have been explained to me and I will follow the advice given.

I consent to being treated with Restylane® and Perlane® that is purchased through Medicis Aesthetics™ and I agree with and understand the statements initialed on the reverse side of this page.

Print Name of Patient

Patient's Signature

Date

Witness

Date