



Intake Form: Fillers

This is an informed consent document that has been prepared to help inform you concerning Filler injections, its risks, and alternative treatment(s). It is important that you read this information carefully and completely. Please initial each section, indicating that you have read the page and sign the consent for treatment. Do not initial if you require more information.

INTRODUCTION Filler injections involve a series of small injections to weaken the chosen muscles for example on the brow or below the eyes. Weakening of the injected muscles begins to be apparent after 5 days with the peak effect being reached after 7 days. Results may last 3-6 months. The procedure can be repeated after 3 months; however, injections given less than 3-month intervals may reduce the efficacy of the injections.

I understand that several sessions may be needed to achieve optimal results. I understand that there is a separate charge for any subsequent treatment. Typically, an evaluation and touch up may be scheduled 2 weeks after the initial appointment.

CONSENT I have discussed and have been given the opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved. I believe I have sufficient information to give this informed consent.

I certify that this information has been explained fully to me, that I have read it or have had it read to me, understand it, accept these facts, and hereby authorize MANEDOSE medical staff to perform the procedure of Filler.

I have had the opportunity, in advance of my procedure, to read the contents of material made available to me.

Treatment, including the information on the company website Manedose.com and medical publications, the treatment consent form, and pre-treatment instructions. I agree to follow all post treatment instructions and aftercare. I certify that this consent is in English, and that I understand it. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

RISKS OF FILLER INJECTIONS Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although most patients do not experience these complications, you should discuss each of them with your treatment provider or the medical staff to make sure you understand the risks, potential complications, and consequences of Filler injections.

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after the procedure.

Bruising: Following the procedure, it is not uncommon to bruise at the injection site. Increased bruising may be a result of the use of herbal medications, Vitamin E, Aspirin, Motrin, other non-steroidal anti-inflammatory drugs, and blood thinners. I understand that if I have taken any of the above within the past 7 days, I have an increased risk of bruising.

Infection: Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.

Drooping of the eyelids (Ptosis): This is rare but transient complication occurring in 1-2% of patients. If this occurs, it may take 3-6 months to subside.

Additional: In some situations, you may experience numbness, twitching, and itching, or an allergic reaction. I understand that there may be a higher possibility of side effects if I do not follow certain instructions. I will adhere to these instructions for at least 8 hours from the time of treatment. These include: I will not lie down or bend forward for extended periods of time for at least 8 hours from the time of treatment. I will not manipulate or massage the treated area for at least 8 hours after the treatment.

Pregnancy and diseases: I understand that pregnant or nursing mothers should not undergo Filler injections. It is not known through research whether a Filler injection has any effect on a fetus or whether it is found in breast milk and is therefore presumed unsafe. I verify that to the best of my knowledge I am not pregnant, and I am not nursing.

I understand that patients with Eaton-Lambert syndrome, Lou Gehrig's disease, Bell's palsy or myasthenia gravis should also not receive this treatment; I attest that I do not have any of these diseases.

UNSATISFACTORY RESULTS There is the possibility of a poor or inadequate response from Botox/ Dysport injections. There might be an uneven appearance of the face with some areas more affected by the treatment than others. In most cases this uneven appearance may be corrected

by more injections in the same or nearby areas. In some cases, though, this uneven appearance can persist for several weeks or months. The practice of medicine and treatment is not an exact science. Although, good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

MENTAL HEALTH DISORDERS AND ELECTIVE PROCEDURES It is important that all patients seeking to undergo elective procedures have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional treatments and often are stressful. Please openly discuss with your provider, prior to treatment, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective treatments, effects on mental health cannot be accurately predicted.

LIMITATIONS AND ALTERNATIVE TREATMENTS Fillers may be effective at treating facial lines, those caused by facial muscle activity; lines present at rest may or may not improve. A treatment may be effective for variable lengths of time with subsequent treatments. Or may not work as well or for as long as expected or may not work at all. Alternative treatments include topical creams, chemical peels, laser treatments, forehead/brow lift, facelift, collagen, or hyaluronic acid treatments.

PHOTOGRAPHY I hereby give my permission to MANEDOSE staff to take photographs of all treated sites for diagnostic purposes and to accurately document the medical record in the usual and customary manner. I agree that these photographs are the property of MANEDOSE and my photographs can be used for teaching purposes, to illustrate scientific papers, books or for use in general lectures. It is specifically understood that in any such publication or use, I shall not be identified by name.

FINANCIAL RESPONSIBILITIES Payment for this cosmetic procedure is my responsibility. Services rendered are the personal responsibility of the patient, as well as collection costs, court costs and reasonable legal fees should they be required in the event of non-payment. I understand that there will be an additional fee for touch ups. Payment at the time of service is requested for all patients. Appointments may be reserved with a deposit due at the time of scheduling. We require a 24-hour notice of cancellation for all scheduled appointments. If less than 24 hours' notice is given, the deposit will not be refunded.

DISCLAIMER Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. MANEDOSE may provide you with additional or different information which is based on all the facts in your case and the state of medical knowledge.

CANCELLATIONS Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24-hour notice for any cancellations or changes to your appointment. Patients who provide less than 24-hour notice, or miss their appointment, will be charged a cancellation fee to the card on file.

PRIVACY and SHARING of INFORMATION I authorize Manedose and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

I have discussed and have been given the opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved. I believe I have sufficient information to give this informed consent. I certify that this information has been explained fully to me, that I have read it or have had it read to me, understand it, accept these facts, and hereby authorize MANEDOSE to perform the procedure, Filler. I have had the opportunity, in advance of my procedure, to read the contents of material made available to me. I agree to follow all post treatment instructions and aftercare. I certify that this consent is in English and that I understand it. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.