BEAUTY WITHIN
MEDICAL AESTHETICS • SYNERGY CENTRE

CONSENT FORM - RADIESSE®

Please ensure that you have had all of your questions answered by the Physician or Nurse before signing.

RADIESSE®

Radiesse® is an injectable implant indicated for subdermal implantation for the correction of moderate to severe facial wrinkles and folds, such as nasolabial folds and for the rejuvenation of the hands. Radiesse® can also be injected supraperiosteally and in the cheeks, chin and jawline. The presence of lidocaine is intended to reduce the patient's pain during treatment. Radiesse® is synthetically produced and contains microspheres made of a natural material called calcium hydroxylapatite in a water based gel. Calcium hydroxylapatite is a biocompatible (compatible with living systems), biodegradable (dissolves in the body) material. It is identical in composition to the mineral portion of teeth and bone. Radiesse® is radio-opaque, meaning it is visible on CT scan and x-rays.
I acknowledge that there is no guarantee that lines/wrinkles will be completely erased; however, they may soften and improve. There is a possibility of under-correction or over-correction. Multiple treatments may be required to achieve desired results. Results can last approximately 18 months. Radiesse® has been shown to also have a skin-stimulating effect and increases collagen synthesis. These skin effects will continue to improve with time.
I understand that although side effects and complications are rare and temporary, I can lower my risk of experiencing these by following PRE and POST-care instructions including minimizing exposure of the treated area to extensive sun or heat exposure for approximately 24 hours after treatment or until any initial swelling and redness has resolved. I have been provided a copy of post-care instructions and failure to comply with these instructions may result in undesired and unpredictable results.

Risks and Complications

Recognized side effects include bruising, redness, swelling, firmness, lumpiness, pain, itching, discoloration and tenderness/discomfort. There is also the potential for skin irregularities, asymmetry, nodules and damage to underlying structures. Rare but serious adverse events have been reported including significant edema, infection, allergic reaction and vascular compromise/necrosis/blindness. All cases are managed under physician care and proper attention is given to resolution and/or treatment.
With any injection, there is risk of infection or allergic reaction and should this occur, I consent to receive the necessary treatment to remedy this as recommended by the physician. I understand that medical attention may be required to resolve complications associated with this treatment. Radiesse® cannot be dissolved with any enzyme (such as the enzyme hyaluronidase which dissolves HA based fillers).

Photographs

I authorize the taking of clinical photographs and their use for clinical purposes by the physician and the team. I understand my identity/confidentiality will be protected.

Pregnancy

I am NOT pregnant or breastfeeding.

Disclosure of Health Information

* I have provided full disclosure of my health history and medications on the **3** page form completed at intake. I have disclosed any neurological/neuromuscular or autoimmune conditions, as well as any major illnesses/ conditions (past/present).
* I have read and understand ALL of the information provided above, and am aware of the potential risks/ benefits of having/not having treatment with Radiesse®. I have had sufficient opportunity to discuss my concerns/questions with the physician or nurse. This consent is considered valid for subsequent treatments unless revoked in writing.
* I consent to receiving treatment with RADIESSE®.

Dated: _____

_____
PATIENT Name (printed)

_____
Signature
(patient or legal guardian)

Dated: _____

_____
Witness/Injector Name (printed)

_____
Signature