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Otolaryngology  
Head And Neck Surgery  
Facial Plastic Surgery  
Allergy, Asthma, Immunology

**Disclosure and Consent –Treatment with Juvederm® filler**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To the patient:** You have the right to be informed about your skin condition and the recommended surgical, medical or diagnostic procedure to be used. You may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent to the procedure.

I voluntarily request **Dr.** \_\_\_\_\_, as my physician, and such associates, technical assistants and other health care providers as they may be necessary, to treat me with Juvederm®.

I understand that no warranty or guarantee has been made to me as to result or cure. There may be potential complications including hemorrhage, redness, swelling, pain, allergic reaction, infection, bruising, or migration of the material to other sites.

As with any injection, you may expect to experience a slight localized swelling (similar to a mosquito bite) accompanied by mild soreness and redness that may last for a few hours. This is a normal response. ANY persistent or increasing redness, swelling, or tenderness and/or persistent itching should be reported immediately to your physician. You should also report generalized reactions such as rash, flu-like symptoms, swelling in your joints or difficulty in breathing.

I also realize that as with other filling agents, it may be necessary to have a touch up procedure performed 2 weeks after the initial implantation to achieve and maintain optimal correction.

Certain reactions are unlikely to occur with the injection of Juvederm<sup>®</sup> implants. However, the possibility exists for their occurrence: development of objectionable lump, scar formation at injection sites and raising of a depressed lesion above the surrounding tissue as a result of over correction. Because this is a new procedure, the long-term prognosis has not yet been studied and although it is believed that there will be no adverse long-term results, that eventually cannot be ruled out at this time; as well as yet unknown diseases.

I have been given and read the Juvederm<sup>®</sup> information brochure and the opportunity to ask questions regarding treatment. I believe that I have sufficient information to give this informed consent. I certify that this form has been fully explained to me, that I have read it or have had it read to me and that I understand its contents.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this procedure today and for all subsequent treatments.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_