Profound Medspa llc

Juvederm Injection--Informed Consent Form

To the client: You have the right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

I _____ understand that I will be injected with Juvederm® Dermal Filler in the facial area. These injections are implanted intradermally through a fine needle into the treated area. Juvederm® is composed of Hyaluronic acid gel.

Juvederm® dermal fillers have been approved by the FDA for use in cosmetic treatments of fine facial wrinkles and folds. I understand the Juvederm 24HV is used for the contouring and volumizing of facial wrinkles and folds; Juvederm 30HV dermal filler is used for volumizing and correction of deeper wrinkles and folds; and Juvederm 30 is used for subtle correction of facial wrinkles and folds. I further understand it will be my Physician or Medical Aesthetic Practitioner's decision in regards to which product will be used to treat me.

1. I understand that multiple treatments are necessary to achieve desired results. Treatments usually last up to 6 months or longer. Touch up treatments may be necessary to maintain desired results. No guarantee, warranty or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment.
2. **Possible side effects can include but are not limited to:** Allergic reaction or infection, bleeding, tenderness, pain, redness, bruising, scarring, lumps, bumps or swelling at the site of injection. The pain, swelling and bruising may last up to 4-6 weeks depending on skin condition, texture and age of the skin.
3. Patients with a history of cold sores may experience a recurrence after the treatment, although this can be minimized by the use of antiviral medication. I agree to consult with my physician if I have a history of cold sores or fever blisters prior to this treatment.
4. I have advised my Physician, Medical Aesthetic Proactitioner, or Nurse if I have severe allergies, particularly allergies to bacterial proteins. **If I have an allergy to bacterial proteins I understand I am not a candidate for this treatment.**
5. I have read and understand the Pre and Post-Treatment instructions. I agree to follow these instructions carefully. I understand that compliance with recommended Pre and Post procedure guidelines are crucial for healing, prevention of side effects and complications as listed above.
6. I have advised my Physician, Physician Assistant or nurse if I am pregnant, trying to get pregnant or if I am nursing.
7. I consent to Pre and Post treatment photography for documentation purpose only. I understand the photos will not be published or used in any means without my consent.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and understand that I have the right to refuse treatment.

I release Profound Medspa, llc in conjunction with Dr. Edith del Mar Behr, Medical Director, Medical Aesthetic Practitioner, and specific technicians from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administers successors and assigns.

Note: All prices are subject to change without prior notice. No refunds will be given for treatments received.

Client's name (please print): _____

Client's Signature: _____

Witness Signature_____Date:_____