

Filler Consent Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	dermatology derma
			Date	:	2024-03-09

This Informed Consent Form has two parts:

- Information Sheet (to share information about the treatment with you)
- Certificate of Consent (for signatures if you agree to go ahead with the treatment)

Dubai Health Authority law guarantees that you have both the right and the obligation to make decisions regarding your health care. VISION MEDICAL & DENTAL CENTER (Abu Dhabi) team can provide you with the necessary information and advice, but you must participate in the decision-making process. This form acknowledges your consent to treatment and surgical or non-surgical procedures recommended by your physician.

You will be given a copy of the full Informed Consent Form

PART I: Information Sheet

I, Dr.dermatology derma with license No: 0 should be performing the Filler procedure on Miss/Mrs./Mr.Reshma Siya Age 28 years, on date 2024-03-09

The following has been explained to the patient in general terms.

Proposed procedure – Filler Injection

Dermal fillers, also known as injectable implants, soft tissue fillers, lip and facial fillers, or wrinkle fillers are medical device implants approved by the FDA for use in helping to create a smoother and/or fuller appearance in the face, including nasolabial folds (the lines extending from the sides of the nose to the edges of the mouth), marionette lines, smile lines, cheeks, temples, chin, lips, and back of the hands.

There are biocompatible fillers that allow you to shape the buttocks, breasts and sometimes private areas without distorting the natural shape but improving their appearance. The result of a hyaluronic acid body filler can be seen immediately after the session and lasts about eighteen months.

In general, fillers are categorized by the substance they are made from.

1. **Hyaluronic acid** is a naturally occurring substance that is already found in your skin. It helps keep skin plump and hydrated. HA fillers are typically soft and gel-like. The results are temporary, lasting 6 to 12 months or longer before the body gradually and naturally absorbs the particles.
2. **Calcium hydroxylapatite** is also a naturally occurring substance, found primarily in our bones. When used in a filler, the calcium particles are nearly microscopic and suspended in a smooth gel. The consistency of a CaHA filler is typically thicker than that of a hyaluronic acid filler and typically lasts longer as well, about 12 months for most patients. Calcium hydroxylapatite is also reported to help stimulate natural collagen production, and it is typically used for deeper lines and wrinkles.
3. **Poly-L-lactic acid** is a biocompatible (meaning it is safe to use in the body), biodegradable synthetic substance. It has been used for many years in medical devices, such as dissolvable stitches. Poly-L-lactic acid products are technically classified as "collagen stimulators," as their main mechanism to smooth fine lines is by helping your skin rebuild natural collagen—the filler gel itself dissipates a few days after treatment. Poly-L-lactic acid is typically used to treat deeper facial wrinkles, and results can last more than 2 years.
4. **Polymethylmethacrylate (PMMA)** is a synthetic, biocompatible substance that has been used in medicine for much of the last century. In dermal fillers, PMMA takes the form of a "microsphere" or tiny ball, that remains beneath the skin indefinitely to provide continued support. PMMA fillers will also contain collagen, a naturally occurring substance in the skin that provides structure and firmness.

Since some dermal fillers are naturally absorbed over time, you may need to repeat the procedure after some time to maintain the desired effect. Successful results will depend on the underlying tissue structure and the volume and type of filler used. The time that the effect lasts depends on the filler material and the area where it is injected.

Pre procedure assessment

- It is important to tell your doctor about your medication allergies and complete medical history.
- If you have any of the following conditions or symptoms prior to the procedure, alert your health care provider:
- Your skin is inflamed or infected. If you have an active inflammatory condition (cysts, pimples, rashes, or hives) or infection, dermal filler injection should be delayed until this inflammatory condition has been managed.
- You have a bleeding disorder.
- You have severe allergies or have a history of anaphylaxis (acute allergic reaction).
- You are allergic to collagen or eggs (some dermal fillers contain collagen or egg-derived products).
- You are allergic to animal products (some dermal fillers contain materials from animals).
- You are allergic to local anesthetic such as lidocaine (some dermal fillers contain lidocaine).
- You are allergic to bacteria (some dermal fillers contain hyaluronic acid material derived from bacterial fermentation).
- You have joint, tendon, or blood vessel disease affecting the hand, when considering hand augmentation.
- Whether you are pregnant or breast feeding

Side Effects and Complications of filler Injections

VISION MEDICAL & DENTAL CENTER (Abu Dhabi) team has explained to the patient that there are possible risks and undesirable consequences associated with this procedure including but not limited to

Common risks include:

- Bruising
- Redness
- Swelling
- Pain
- Tenderness
- Itching
- Rash
- Difficulty in performing activities (only observed when injected into the back of the hand)

Less common risks include:

- Raised bumps in or under the skin (nodules or granulomas) that may need to be treated with injections, oral antibiotics, or surgically removed.
- Infection
- Open or drain wounds.
- A sore at the injection site
- Allergic reaction

Rare risks include.

- Severe allergic reaction (anaphylactic shock) that requires immediate emergency medical assistance.
- Migration (movement of filler material from the site of injection)
- Leakage or rupture of the filler material at the injection site or through the skin (which may result from tissue reaction or infection)
- The formation of permanent hard nodules
- Injury to the blood supply due to unintended injection into a blood vessel, resulting in necrosis (tissue death), vision abnormalities including blindness, or stroke. Death

Benefits

- Recovery time is minimal.
- Less expensive than elective surgical procedures.
- Improve your self-esteem

Alternatives

The reasonable alternatives to the procedure as well as risks and benefits of the alternatives have been explained to the patient. Alternatives include but are not limited to.

Chemical peel

Chemical peels are very good for improving overall skin quality but are often not as effective for significant signs of aging. That said, deep peels can improve the appearance of wrinkling quite effectively. Recovery time depends entirely on the depth of the peel. Mild peels can be repeated for improved results.

Laser skin resurfacing

Patients can expect to see improvement in wrinkles, lines, overall skin quality, and sun damage. For the best results, many patients elect to have a series of treatments.

Fat transfer

An exciting facial rejuvenation treatment that can produce semi-permanent improvement, fat transfer uses refined fat cells from the patient's own body to fill in areas of lost volume and deep wrinkles. Fat that survives after the first six months is considered permanent rejuvenation, as this means the cells have established themselves and are likely to keep living long term. Though facial fat transfer can be performed with the patient under light sedation. Recovery generally takes a week or two following the surgery.

Confidentiality

VISION MEDICAL & DENTAL CENTER (Abu Dhabi) team will maintain the confidentiality of your details and we assure not to disclose them to any other party without your acknowledgment.

Financial Implications

All procedures/treatments provided that are not covered by insurance may require your full payment or co-payment.

PART II: Certificate of Consent

I have read the previous information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to undergo this treatment and understand that I have the right to withdraw from the procedure or treatment at any time without in any way affecting my medical care.

In permitting my doctor to perform my procedure, I understand that the unforeseen conditions may be revealed that may necessitate change or extension of the original procedure or a different procedure than those already explained to me. I therefore authorize and request that the above-named physician, his/her assistants or his/her designees perform such procedure as necessary or desirable in the exercise of his/her judgment.

In the unlikely event that one or more of the above inherent complications may occur, my physician may take appropriate and reasonable steps to manage and be available to me and my family to address our concerns and questions.

I consent to any photographing or videotaping of the procedure that may be performed, provided by my identity is not revealed by pictures or descriptive texts accompanying them, so that my physician may follow my therapy progression.




Witness statement I have accurately read or witnessed the accurate reading of the consent form to the potential patient, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Healthcare Professional Declaration:

I have adequately explained to the patient about the procedure and risks, adverse effects, and the standard alternatives available for the procedure. I have permitted time and opportunity for the patient to ask questions, and all questions have been answered to my knowledge.

"I agree that healthcare provider(s) involved in my care at this facility will access my health information through the Health Information Exchange System (NABIDH) in accordance with the Laws of the United Arab Emirates, Emirate of Dubai Legislation and Dubai Health Authority Policies "

"أوافق على أن مقدمي الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتمكنون من الوصول إلى معلوماتي الصحية من خلال نظام تبادل المعلومات الصحية (NABIDH) وفقاً لقوانين دولة الإمارات العربية المتحدة، تشريعات إمارة دبي وسياسات هيئة الصحة بدبي "

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		
Patient Name Reshma Siya Date 2024-03-09	Witness Name gfhghfh Date 2024-03-09	Doctor Name dermatology derma - Dermatology (0) Date 2024-03-09

