

Derma Filler Informed Consent								
Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3	
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21

I understand that I will be injected with derma filler, in the following area(s) : hgj

The indicated dermal filler has been FDA approved for use in cosmetic treatment for moderate to severe wrinkles around the nose and mouth. I understand this treatment is temporary, and re-injection is necessary after about six months. It has been explained to me that other temporary and more permanent treatments are available.

The following complication may occurs with dermal filler injection procedure:

1. Risk: I understand there is a risk of bruising, redness, pain at the injection site, tenderness, itching, allergic reaction, and raised bump of the skin (nodules)
2. Infection: Post treatment bacterial, viral and/or fungal infection can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Effectiveness: Treatment can last anywhere from 4-6 months to one year.
4. Treatment: I understand more than one injection may be needed to achieve a satisfactory result.
5. Allergic reactions: In rare cases, there may be an allergic reaction to the injection.
6. There is a risk of scarring.
7. I will follow all aftercare instruction as it is crucial I do so for healing.


As dermal filler are not an exact science, there might be an uneven appearance of the face with some areas more affected by the filler than other. In most cases this uneven appearance can be corrected by more injection in the same or nearby areas. However in some cases this uneven appearance can persist for several weeks or months

This list is not meant to be inclusive of all possible risk associated with dermal filler as there are both known and unknown side effects associated with any medication or procedure.

These dermal filler should not be administered to a pregnant or a nursing woman.

The number of units injected is an estimate of the amount of dermal filler required to add volume to the skin and give the appearance of a smoother face. I understand there is no guarantee of results of any treatment and the regular charge applies to all subsequent treatments.

I understand and agree that all services are charged directly to me and I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should be this required. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent dermal filler treatment with all the above understood. I hereby release the doctor, the person injecting the dermal filler and the facility from liability associated with this procedure.

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name Alston Rebello  Date 2025-02-21	Doctor Name Alan Alfred - Dental (15245565544445)  Date 2025-02-21