

**Dermal Filler Treatment Consent Form**

This treatment uses a dermal filler product that is a clear, sterile, non-permanent, non-animal based gel. It is injected into the skin to correct facial lines, wrinkles, and folds, and to enhance lips and reshape facial contours. The dermal filler conforms to the current safety standards in the UK. It is a non-permanent procedure and depending on the area treated, skin type and injection technique, the effect of treatment with the dermal filler can last 6-12 months (lips approximately 7 months). Top up and follow up treatments will be required to maintain the desired degree of correction. Each treatment will be charged for individually, according to the amount of material used.

**The areas that we propose to treat, and the product used:**

**Risks and side effects**

Dr Eldridge has explained the use of, and indication for, dermal filler products to me. I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following, after the treatment some common injection-related reactions might occur. These reactions include redness, swelling, pain, itching, bruising and tenderness at the implant site. They typically resolve spontaneously within 1-2 days after injection into the skin, and within a week after injection into the lips.

Other types of reactions are rare a small number of patients have experienced localized reactions. These reactions are thought to be a result of hypersensitivity. They have usually consisted of swelling and firmness around the implant site and surrounding tissues. Redness, tenderness and rarely acne-formations have also been reported. These reactions have either started a few days after the injection, or after a delay of 2-4 weeks, and have been described as mild to moderate and self-limiting, with an average duration of two weeks.

On very rare occasions prolonged firmness, abscess formation or discolouration at the implant site may occur. These reactions can appear weeks to months, after the treatment, and will resolve with time. Extremely rare is the formation of a scab and sloughing (shedding) of tissue at the treatment site, which could result in a shallow scar.

**CONSENT:**

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the after-care instructions following treatment with dermal fillers. Its contents have been explained to me and I will follow the advice given. I am aware that this is a training day and I have agreed to take part in it.

I have been fully informed by Dr Timothy Eldridge and his team of the risks and possible consequences involved in the above treatment. I hereby authorize .....to administer such treatment to me, as part of their training and agree to hold him/her free and harmless from any claims, or suits for damage for any injury or complications, which may result from this treatment.

**Patient Name**

**Patient Signature**

**Practitioner Name**

**Practitioner Signature**

**Date:**

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