

HYALURONIDASE (HYLENEX) TREATMENT CONSENT MANDALA AESTHETICS

I give my consent to:

The aesthetic medical treatment known as Hyaluronidase (dissolving agent for dermal filler). All aspects of this treatment and potential risks and complications have been fully explained to me, and I have had the opportunity to ask questions about the procedure including the limitations. I fully understand all of the answers that have been given to me. I have had the opportunity to discuss alternative forms of treatment or no treatment at all.

I understand that the practice of aesthetics is not an exact science and therefore no guarantee can be given as to the results of the treatment. I accept and understand that the goal of treatment is improvement, not perfection.

Hyaluronidase involves an enzyme that dissolves hyaluronic acid (HA) found in dermal filler. It may be used to dissolve unwanted or migrated filler. Or, it may be utilized in the case of a suspected vascular occlusion.

I understand that the effect of the injections may be immediate or take 14 days to appear.

My expectations are realistic, and I understand that the results are not guaranteed and that for maximum results, more than one application may be required for desired effects. If hyaluronidase is being used for a vascular occlusion, multiple treatments and close monitoring will be required.

I understand that potential side effects can occur despite the suitable election of the procedure and correct application. I understand that my provider will take every precaution to minimize the risk of negative reactions such as: mild tenderness, swelling, redness, pain, itching, bruising, headache, asymmetry. Allergic reactions have been reported in less than 0.1% of patients receiving hyaluronidase. Anaphylactic-like reactions (severe allergic reactions) following retrobulbar block (behind the eye) or intravenous injections have occurred, rarely.

I have been informed that it is important to know and share my personal history to establish the knowledge of any possible allergies to medications.

Hyaluronidase is contraindicated/should not be injected if you are pregnant or breastfeeding. Taking certain medications such as Aspirin, Advil, Ibuprofen (and other NSAIDs) and some cold relief medications may increase risk for bleeding and bruising.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my provider.

I understand the potential risks and complications and have chosen to proceed with the treatment of **Hyaluronidase** after careful consideration of risks, complications, and limitations.

I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Patient name:	Practitioner Name:
Signature:	Signature:
Date:	Date: