Patient Consent: Hyaluronic Acid Fillers

Name:		Date
Date of Birth:		
The use of hyaluronic acid fillers	s has been explained to me by Γ	Or. Jerry Tan and/or his staff.
type and technique - the effect la	nd for shaping facial contours. It lests 6-12 months (lips approximely tup and follow-up treatment sus	to correct facials lines, wrinkles Depending on the area treated, skin ately 6 months). In some, the effect tains the desired correction. Your
 Common: redness, sv lumpiness may also d 	the following risks with injection velling, pain and numbness at sill levelop at injection sites. If they is a resolve within 3-5 few days.	ites of injection. Bruising and
 Grey blue disc superficially a Infection with may also be a 	• •	as pain, redness and lumps. There Please alert us if you have a history
including blin o hypersensitivi	dness; skin damage leading to	welling sometimes affecting the
 ✓ I have also received the pand I will follow the advi ✓ I consent to clinical photopublication, or promotion ✓ I have had the opportunit 	post-treatment checklist. Its cordice given. Ography and I authorize their ar	d to my satisfaction.
Signature of Patient	Signature of Witness	 Date