



RESTYLANE CONSENT FORM

The Restylane injection procedure has been thoroughly explained. I realize that no promises or guarantees have been made. Restylane is a safe and natural cosmetic dermal filler. I understand that the treatment may be repeated at six month intervals. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Restylane injection(s).

Restylane is a safe and natural cosmetic dermal filler that restores volume and fullness to the skin to correct moderate to severe facial wrinkles and folds. Restylane will be injected into my skin through a fine needle administered by a doctor or nurse.

I have been told the following:

- Prior to treatment, my skin will be thoroughly cleansed to remove all oil and debris
- An anesthetizing cream or injections will be applied to the treatment area. I will wait 25 minutes for the numbing effect to take place
- The doctor or designated fully trained associate will administer the injections with a very fine needle

I have been given the following information:

- My face will be tingling from the effects of the treatment for about one hour
- There should be minimal redness or tenderness, perhaps slight bruising; ice may be applied
- I may return to normal daily activities immediately.
- It is not recommended to apply makeup or skin care products the remainder of the day

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am a competent adult at least 18 years of age. I understand that if I am a minor under the age of 18, the consent of my parent or legal guardian will be required before treatment. This consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

I authorize taking of pictures before and after the injections. I consent to their use for instructional, scientific, and educational and research purposes. However, these photographs will not identify me by name and my name will not be revealed without my specific written consent.

I acknowledge that I am obligated to follow Kamala Aesthetics Medical and Laser Associates instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form

I agree to pay \$_____ for the first treatment, and \$_____ for each treatment thereafter; or \$_____ for a ____ visit treatment package.

Signature: _____ Date _____

Guardian Signature: _____

Staff Signature: _____