

MARK BROUDO M.D. P.A.
1060 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

Patient Consent for Treatment with Medicis Aesthetics Product:
RESTYLANE®

PATIENT: _____ **DATE:** _____

TIME: _____

The Medicis Aesthetics Product - Restylane® mentioned above is a sterile gel consisting of non-animal stabilized hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds in the United States. In addition to these indications, Restylane® has been used to enhance the appearance and fullness of lips in over 60 other countries.

My practitioner has explained the use of and indications for the Medicis Aesthetics product - Restylane® 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 injection some common injection related reactions might occur, such as swelling, redness, pain, itching, bruising, skin discoloration and tenderness at the implant site. They typically resolve spontaneously within 2-3 days after injection into the skin and within a week after injection into the lips. Other types of reactions are very rare, but about 1 in 5,000 treated patients have experienced localized reactions thought to be of a hypersensitivity nature. These have usually consisted of swelling at the implant site, sometimes affecting the surrounding tissues. Redness, tenderness and rarely acne-like formations have also been reported. The onset of these reactions has occurred one to several weeks after the initial treatment. The average duration of this effect is 2 weeks.

My practitioner has also informed me that, depending on the area treated, skin type and the injection technique, the effect of a treatment with Medicis Aesthetics' Restylane® can last 6 months or even longer (lips: approximately 4-6 months), but that in some cases the duration of the effect can be shorter or even longer. Touch-up and follow-up treatments help sustain the desired degree of correction.

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the "Medicis Aesthetics Post-Treatment Checklist". Its contents have been explained to me and I will follow the advice given.

I consent to being treated with the Medicis Aesthetics project (Restylane®) and I agree with and understand the statements initialed on the following page.

Patient's Signature _____ Print Name: _____ Date: _____

Witness: _____ Print Name: _____ Date: _____

CONSENT AND RELEASE FOR RESTYLANE® INJECTIONS

(Please initial below at each space provided)

- _____ I understand these products are made from hyaluronic acid and are used as temporary filling agents for lines/wrinkles and to augment soft tissues of the face.
- _____ I understand I may get temporary redness, bruising, itching and scabbing at or around the injection sites.
- _____ I understand that there have been reports of large swellings at or around injections sites that occur several weeks/months after the injection, and may persist for many months (the incidence appears to occur less than 1% of the time).
- _____ I understand that the swellings may also occasionally lead to permanent scars at or around the injection sites.
- _____ I understand that there may be additional risk and/or complications, which remain unknown at this time.
- _____ I understand that this is an elective/cosmetic procedure. Payment is due today. The fee will be: \$_____. No guarantees are made regarding the efficacy or duration of this treatment.

I have read and understand all of the issues listed above. I have had ample opportunity to discuss these issues, and all questions have been answered to my satisfaction. I understand that there are other alternative treatments that I could undergo and I elect to receive RESTYLANE®.

I accept all of the above-mentioned risks of receiving the RESTYLANE® treatment and request authorize DR. MARK BROUDO to treat me with RESTYLANE® injections.

Patient Name:

Date:

Patient Signature:

Witness: