

# MZR Dental & Skin Consent form

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## DERMAL FILLER -

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your dentist Mateena Rauf. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your healthcare professional prior to signing the consent form.

### I CONFIRM I HAVE BEEN INFORMED THAT:

Injectable dermal fillers are a clear hyaluronic acid gel that is injected into facial tissues to smooth wrinkles and folds. Hyaluronic acid (HA) is a naturally occurring substance found in the body that delivers nutrients, hydrates the skin, acts as a cushioning agent, and provides scaffolding to lift any folds. Dermal fillers may also be used to treat facial atrophy (loss of fat, a natural part of ageing), for facial sculpting, and skin enhancement. Dermal filler injectables temporarily add and restore volume to facial tissue for a smoother appearance to the face.

You should see an immediate improvement in the treated areas on the day. Depending on the area results may last 6 months or more. Some products may last a lot longer and require dissolving.

### ALLERGIES & AVOIDANCE

Dermal Fillers should not be used in patients who have severe allergies, any history of anaphylaxis, bee sting allergies, or patients with a history of a compromised immune system. The doctor will ask you about your medical history to determine if you are an appropriate candidate for treatment.

### RISKS & COMPLICATIONS

Most side effects are mild or moderate and usually last less than 7 days. Persistence of these symptoms for up to two weeks is usually nothing to worry about. The most common side effects include temporary injection site reactions such as redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, and discoloration. Other rare risks include, but are not limited to:

- Overcorrection / under correction & visual facial asymmetry
- Unpredictable persistence of filler, either shorter or longer than expected.
- Prolonged discolouration of the skin
- Prolonged or severe swelling
- Reactivation of cold sores
- Infection
- Scarring
- Ulceration
- Granulomas or firm nodules
- Benign tumour formation; keratoacanthomas
- Allergic or anaphylactic reaction
- Blindness

A remote and extremely rare risk is that of filler injection into a blood vessel, leading to blockage of the vessel. This could result in reduced blood flow to an area of tissue, leading to tissue damage and tissue death (necrosis), which could be seen as skin breakdown, ulceration and scar formation. Blood vessel blockage near the eye can result in blindness.

**RISKS & COMPLICATIONS CONTINUED**

If you are taking aspirin or ibuprofen you may experience increased bruising or bleeding at the injection site. HA dermal fillers should be used with caution in patients on immunosuppressive therapy as there may be an increased risk of infection, swelling and adverse events. The safety of dermal fillers has not been established in breastfeeding females, during pregnancy, or in patients under the age of 18.

If symptoms last for more than one week or you are concerned about any symptoms you should report them to your practitioner as soon as possible. Seek urgent medical help if you have difficulties breathing, swallowing, speaking or if your face swells up.

There is a possibility of unsatisfactory results. You may be disappointed with the results of the procedure. I understand I may need to return for additional appointments at a time specified by the dentist. Failure to return for appointments or complete treatment may result in an undesirable cosmetic outcome or other problems or complications that may require additional treatment with additional fees at the patient's sole expense.

I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the dentist who treated me immediately. I also state that I read and write in English.

Patient name: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

**POST TREATMENT PROCEDURES**

For the first 24 hours following treatment, you should avoid strenuous exercise, excessive sun or heat, and consumption of alcoholic beverages. Avoid touching or putting pressure onto the area and keep it clean once you are home.

This minimizes the risk of temporary redness, swelling, and/or itching at the treatment sites. These temporary side effects generally resolve themselves within one week. An ice pack can be applied to the site if you experience swelling. You may apply make-up as usual after 24 hours.

**ALTERNATIVE PROCEDURES**

Alternative treatment choices include no treatment or other procedures such as face or brow lifts using threads or surgery and skin treatments with chemicals or machines to achieve similar cosmetic outcomes (e.g. RF, microneedling). I understand this is an elective procedure and I hereby voluntarily consent to treatment with dermal filler. I understand that any treatment performed is between me and the dentist treating me and I will direct all post-operative questions or concerns to Mateena.