Infinite Skin
Aesthetic Medical Spa

CONSENT FOR SCULPTRA

Patient Name_____ **Date** _____

Overview

Sculptra is a poly-L-lactic acid implant in the form of a sterile suspension, it is a biocompatible (does not harm the body), biodegradable (broken down/metabolized by the body) synthetic polymer from corn or vegetable sugar. Poly-L-lactic acid has been used medically for many years in dissolvable sutures. Sculptra therapy is the injection into the skin and underlying tissue to help correct skin depression, creases, wrinkles, folds, scars, hollow eye rings, degenerative skin aging, and loss of volume or facial lipoatrophy (loss of fat).

Procedure

Anesthetic agents used to prepare the site prior to injection may include topical agents, nerve blocks with local anesthetic, and/or ice. After the anesthetic is administered, Sculptra is injected into the proposed site using a fine needle and syringe.

Benefits

Collagen is a key structural component that keeps skin youthful looking and smooth. As we age, our body's collagen production decreases. Sculptra works within the deep dermis to replace lost collagen and reinforce skin structure. It can give you noticeable results that emerge subtly.

Risk and Complications

After the injection some common injection-related reactions could occur: **initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site.** You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil. Small bumps under the skin, termed micro-nodules, which may be non-visible, may be felt in the treatment area. Sculptra therapy injections are administered in a solution containing water. It may appear that Sculptra worked immediately because of swelling from the injections and the water used to dilute it. This will be noticeable for several hours and perhaps as long as several days. This effect is temporary and does not affect the long-term tissue response.

Disclosures

I attest that I am not pregnant or breastfeeding; do not have any significant medical disease; do not have any severe allergies including any intolerance or anaphylaxis to previous dermal fillers; have not taken Accutane within the last 12 months; do not have any bleeding disorder; do not have permanent implants close to the region to be injected. Please let us know if you have a history of oral herpes simplex (cold sores).

Follow-Up

We request that patients follow up in 3 to 4 weeks post-treatment for re-evaluation.

Summary

I have been advised that the object of the procedure I have requested is improvement in my appearance, not perfection. It is possible for the imperfections to ensue, and that the result may not live up to my expectations or goals. I fully understand that the practice of medicine and surgery is not an exact science and that any reputable physician cannot guarantee results. I acknowledge that no written or implied verbal guarantee,

warranty, or assurance has been made to me by anyone at this clinic regarding the outcome of the procedure which I have requested and authorized. I also understand the limitations of this procedure.

My Aesthetic Care Provider has fully explained, in terms clear to me, the nature of the procedure to be performed, the foreseeable or common risks, and complications, alternative methods of treatment, as well as what I may experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask any questions that I desire regarding the diagnosis procedure, and that these questions have been fully answered to my satisfaction. I have read this document and I understand the contents. I hereby give my unrestricted informed consent for the procedure and subsequent treatments.

_____ _____

Patient or Legal Guardian Signature Date

_____ _____

Injector Signature Date