



DR. KRISTYNA

FILLER CONSENT

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PATIENT TREATMENT CONSENT

I CONFIRM I HAVE BEEN INFORMED THAT:

- Dermalfiller is designed to be injected into skin to filler wrinkles, lines or scars or to increase the volume of lips, cheeks, chin or other areas.
- Dermal filler must not be injected into irritated, infected or diseased skin or into an area that has already received a non reservable injectable implant.
- Dermal filler should not be injected either before or directly after laser treatment or a chemical peel since this could cause inflammation.
- Dermal filler must not be used if you have a known allergy to hyaluronic acid, severe allergies, an autoimmune disorder or porphyria.
- Dermal filler contains a local anaesthetic to improve comfort, so you cannot inject if you have a hypersensitivity to lidocaine.

YOU SHOULD TELL YOU PRACTITIONER IF:

- You have a bleeding disorder, or take medicines that have the potential to prolong bleeding times.
- You have not been satisfied with a filler injection in the past.
- You had a history of recurrent angina combined with acute articular rheumatism or Oslers endocarditis
- You have a tendency to form keloid scars, hypertrophic scars or have any other healing disorders

TREATMENT IS NOT RECOMMENDED WHEN PREGNANT OR BREASTFEEDING

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POSSIBLE SIDE EFFECTS:

- Post operative swelling, bruising, discomfort, skin redness, itching, pain to injected area, sensitivity to injection site, hardness or nodule to injection site.
- Side effects should resolve after a few days, however if any last over a week or you are concerned please inform your practitioner.
- After injection, please avoid exposure the treated area to heat (sunbath/sauna/steam) or extreme cold

I understand that the actual degree of improvement cannot be predicted or guaranteed. I also understand that the effect will gradually wear off and additional treatments may be necessary to maintain the desired effect. I have been full informed about the risks and benefits of dermal filler and authorise Dr. Krystyna to treat me.

Patient Signature & Date

Clinician Signature & Date

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