

Nonsurgical Treatment Consent

ex. neuromodulator, filler, hyaluronidase, injections, Kybella, chemical peel, IV therapy, PRF

I have requested an attempt to enhance my appearance. An informed consent is an important and ongoing process. The condition was reviewed with me, including prognosis, treatment options, and differential diagnosis. Different approaches for performing the procedure were explained in lay terms, along with anatomical diagrams corresponding to the condition. Education materials were also provided.

Nonsurgical treatments may or may not be approved by the FDA, but have been reported in the literature, considered generally safe, and used commonly among providers.

Results will vary, and the practice of medicine is not an exact science and has a level of unpredictability. The plan may change due to unforeseen events, and no guarantees can be made. I understand that more than one treatment may be necessary to achieve desired results. I authorize modification or extension of this consent to the provider to use his/her professional judgment to perform other procedures as necessary for a desired outcome.

Risks, benefits, and alternatives, including no treatment, were extensively discussed, which include but not limited to bleeding, infection, scar, pain, paresthesia / numbness, nerve injury, blood vessel injury, recurrence, allergic reaction, and anesthesia.

Additional risks include but are not limited to undesired cosmetic results, asymmetry, disfigurement, bruising, pigmentary changes / hypo/hyperpigmentation, discoloration, lumps / nodules, ptosis / droopy eyelid and eyebrow, and facial weakness. Plastic surgery does not stop the process of aging or further skin damage.

Peri-procedure instructions were reviewed, and I have continuous online access to care instructions. All questions were answered. I may contact the provider and office at anytime with further questions. No results are promised or guaranteed. I was advised that I may obtain another opinion. I have comprehension of the discussion and the ability to make an informed decision.

I request that the provider of Potomac Plastic Surgery perform the procedure and consent to proceed today and all subsequent treatments. I am now signing of my own free will. I may withdraw my consent for further treatment at any time.

Patient (Print & Signature): _____

Date: _____



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Form - Consent - Nonsurgical Treatment