RADIESSE®
AFTERCARE AND CONSENT FORM

Procedural Description

RADIESSE® is a thick injectable filler by Merz Aesthetics that is great for restoring volume, reshaping and adding fullness, and smoothing out fine lines. It's the perfect choice for anyone looking to combat moderate-to-severe volume loss in the face, as well as those seeking hand rejuvenation. It's the first FDA-approved calcium hydroxylapatite (CaHA) portfolio that adds immediate contouring while stimulating collagen and elastin.

Radiesse® is a specialized injectable filler used to reduce the appearance of facial folds and wrinkles. Radiesse® is different from other fillers because it is made from calcium-based microspheres that help reconstruct the skin by stimulating collagen production, ultimately providing the longest-lasting results. Radiesse® is great for volume enhancement and is a safe and effective procedure providing patients with results that can typically last a year or more in many patients.

Healthy young skin contains collagen that gives it volume, flexibility, and strength. As part of the aging process, your own natural collagen breaks down, diminishing its youthful appearance. The ideal way to restore your youthful glow is by replenishing lost volume. A Radiesse® dermal filler treatment can smooth out your aging signs and help you get immediate skin plumpness. This filler's unique formulation has the amazing ability to stimulate natural collagen production in the skin, which results in increased volume for natural-looking wrinkle correction, leading to even more impressive results over time. You'll love the way your skin looks and feels after just one treatment!

Before Your Treatment

- One week prior to the appointment avoid blood thinning over-the-counter medications such as Aspirin, Motrin, Ibuprofen, and Aleve.
- Avoid alcohol for 24 to 48 hours before your appointment.
- Avoid dental work for several weeks prior to, and after, your treatment.
- Avoid topical products such as Tretinoin (Retin-A), Retinol, Retinoids, Glycolic Acid, or any "anti-aging" products.
- Avoid waxing, bleaching, tweezing, or using hair removal cream on the area to be treated.
- Start taking Arnica two days prior to the procedure. This is not required, but it will help to lessen bruising!
- If you have a history of Herpes or cold sores, a course of antiviral medication before and after treatment is required. Please call our office for a prescription.
- To decrease the chances of lightheadedness during your treatment, ensure you have had a recent meal, including food and drink, before your procedure. Please warn the provider if you have a history of fainting.

What to Expect During the Treatment

- You may experience redness, swelling, or bruising immediately after your treatment which can last a few days to a week.

- The treated pigment will slough off the face in approximately 1 week and off the body in approximately 2-3 weeks.
- Avoid sun exposure and use a broad-spectrum sunscreen recommended by your aesthetician.
- Avoid heat, saunas, hot tubs, and sweaty activity for the first 24-48 hours.
- Avoid products containing any exfoliating agents (retinoic acid, tretinoin, retinol, benzoyl peroxide, glycolic acid, salicylic acid, astringents, etc.) for 7 days after treatment.
- Do not use an electric or manual facial brush of any kind (i.e., Clarisonic or something of the like) for 7 days after your treatment.
- You may resume your regular skincare routine typically 7 days after your treatment.
- We recommend a follow-up with your aesthetician 3 weeks post-treatment.

Post-Treatment Instructions

- Avoid strenuous exercise for 24 hours.
- Do not expose the area to intense heat.
- Avoid pressure on the treated areas for the first few nights (i.e. sleep on your back if possible).
- Avoid alcohol for 24 hours.
- Do not use AHA, Retinols/Vitamin C therapy, or oil-based make-up for 24 hours.
- Avoid facials, facial waxing, Glycolic or AHA peels, IPL or energy-based treatments, and microdermabrasion for two weeks after treatment.
- We are neurotic about cleaning your skin during the procedure. Afterward, you still have tiny holes from the needle entry. For this reason, we ask you to avoid applying makeup after your procedure. You can apply the following day. Also, sanitize your phone before resting it against your face.
- A bit of tenderness is common after treatment. You may take Tylenol (up to 1 gram every six hours) for discomfort.
- To reduce the risk of bruising after your procedure, avoid getting overheated (strenuous exercise, sauna, hot tub) for 2-3 days.
- Continue to avoid aspirin, ibuprofen, alcohol, and blood-thinning supplements for a few days after treatment.
- If you develop a bruise, we recommend arnica (oral or topical). We also offer complimentary bruise treatments at our 2920 office with our wonderful aestheticians.
- Radiesse® particularly tends to swell – do not be alarmed. We promise swelling will go down in 2-3 days for swelling to go down. A cool compress for 15 minutes each hour after treatment feels good and helps reduce swelling. Also, try sleeping with your head elevated and avoid excess salt. Some patients also find Benadryl helpful.
- When the swelling goes down, if you notice a bump or a lump, please call us so we can smooth it out. These lumps are easy to smooth in the first several days but can be much more challenging as time passes.
- When using Radiesse® for collagen stimulation, we will ask you to massage the areas 2x/day for 2 minutes each time, for 2 days.

RADIESSE® Consent Form

The nature of the Radiesse® procedure has been explained to me. I understand that just as there may be benefits from the treatment, all treatments involve risk to some degree. Risks and complications that may be associated with Radiesse® Volumizing Filler and the implant procedure include, but are not limited to:

Facial Bruising, Redness, Swelling, Itching and Pain:
I understand that there is a risk of bruising, redness, swelling, itching, and pain associated with the procedure. These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.

Nodules, and palpable material:
I understand that there is a risk that small lumps may form under my skin due to the Radiesse® Filler material collecting in one area. I also understand that I may be able to feel the Radiesse® Filler material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.

Nodules in Lips:
I understand that Radiesse® Volumizing Filler should not be injected into the lips. There have been published reports of nodules associated with the use of Radiesse® Filler injected in the lips.

Migration:
I understand that the Radiesse® Volumizing Filler, as with any filler material, may move from the place where it was injected.

Infection:
As with all transcutaneous procedures, I understand that injection of any filler material carries the risk of infection.

History of Herpes Infection:
I understand that there is a risk that injection of any filler material carries the risk of a recurrence of an outbreak of herpes (fever blisters/cold sores/shingles) and that the outbreak may be severe in nature. I have disclosed to the healthcare provider my medical history and, in particular, disclosed prior herpes outbreaks.

Allergic Reactions:
I understand that Radiesse® Volumizing Filler should not be used in patients with severe allergies, a history of anaphylaxis, or a history or presence of multiple severe allergies or hypersensitivity to any of the ingredients in Radiesse® Filler.

Keloids/Scarring:
I understand that the safety of Radiesse® Volumizing Filler in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.

Accidental Injection into a Blood Vessel:
I understand that Radiesse® Volumizing Filler can be accidentally injected into a blood vessel, which may block the blood vessel and cause local tissue damage, or potentially even a heart attack or stroke.

Radio-opacity:
I understand that Radiesse® Volumizing Filler is radio-opaque and is visible on CT Scans and may be visible in X-rays.

Duration of Effect:
I understand that the outcome of treatment with Radiesse® Volumizing Filler will vary among patients. In some instances, additional treatments may be necessary to achieve the desired outcome.

Concomitant Dermal Therapies:
I understand that the safety of Radiesse® injectable implant with concomitant dermal therapies such as epilation, UV irradiation, or laser, mechanical, or chemical peeling procedures has not been evaluated in controlled clinical trials. The application of laser or other energy-based treatments within weeks of Radiesse® treatment is not recommended as such treatments may alter the characteristics of Radiesse® injectable implant. If laser treatment, chemical peeling, or any other procedure based on active dermal response is considered after treatment with Radiesse® injectable implant, there is a possible risk of eliciting an inflammatory reaction at the implant site. This also applies if Radiesse® injectable implant is administered before the skin has healed completely after such a procedure.

I acknowledge the following has been discussed with me:

- No studies of interactions of Radiesse® Volumizing Filler with drugs or other substances or implants have been conducted.
- This above list is not meant to be inclusive of all possible risks associated with Radiesse® Volumizing Filler or dermal fillers in general, as there are both known and unknown side effects and complications associated with any medication or dermal filler injection procedure.
- I understand that medical attention may be required to resolve complications associated with my injection.
- I understand that I should minimize exposure of the treated area to the sun or heat for approximately 24 hours after treatment or until any initial swelling or redness goes away.

- The safety of Radiesse® Volumizing Filler for use during pregnancy or in breastfeeding women has not been established.
- I have discussed the potential risks and benefits of Radiesse® Volumizing Filler with my doctor. I understand that there is no guarantee of any particular results of any treatment.
- I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should they be required. By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my Healthcare provider to my satisfaction and consent to the treatment described above with its associated risks. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the injector, the person performing the Radiesse® Filler injection, and the facility from liability associated with this procedure.
- Financial Responsibilities – This procedure is elective and not medically necessary and therefore, not covered by insurance. Any complications requiring additional medical care and/or treatment or revisionary procedures would be the patient's responsibility also. There are no refunds.

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant at any time during the course of the treatment. Furthermore, I agree to keep Honey Skincare Studio and my provider informed should I become pregnant during the course of the treatment.

WRITTEN CONSENT

Photographic documentation will be taken. I hereby do authorize the use of my photographs for teaching purposes.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FORM. I HAVE BEEN GIVEN THE OPPORTUNITY TO HAVE ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY HONEY SKINCARE HEALTHCARE TEAM.

I have read this form and understand it, and I request the performance of the procedure.

PRINTED NAME:

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SIGNATURE:

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DATE:

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