



# CHIN FILLER AFTERCARE AND CONSENT FORM

## Procedural Description

The **Chin Filler Treatment** uses hyaluronic acid (HA) dermal filler to enhance the chin area, restoring lost volume, adding definition, and balancing the lower face for a more harmonious profile. With age, we experience a natural loss of bone and soft tissue in the lower face, impacting chin shape and definition. This treatment can augment and rejuvenate the chin area, smooth out a cleft chin, and improve overall facial proportions.

In addition, Botox may be injected into specific muscles around the chin to smooth dimpling, relax overactive muscles, and prolong the effects of the filler for a more refined, lasting result. Depending on individual needs and aesthetic goals, 1-4 syringes may be recommended to achieve optimal results.

## Before Your Treatment

- **Avoid Blood Thinners:** Refrain from blood-thinning medications and supplements (e.g., aspirin, ibuprofen, fish oil, vitamin E) for at least 7 days prior unless directed otherwise by your healthcare provider.
- **Avoid Alcohol and Smoking:** Limit alcohol and avoid smoking for 48 hours before treatment to reduce bruising risks and support healing.
- **Cold Sore Precaution:** If you have a history of cold sores, inform your provider for preventive medication, if needed.
- **Hydrate:** Drinking plenty of water in the days leading up to your appointment supports optimal results.
- **Arrive with Clean Skin:** Please arrive with no makeup on to maintain a sterile treatment environment.

## What to Expect During the Procedure

- **Consultation:** Your provider will assess your chin and discuss your aesthetic goals to customize the treatment plan.
- **Numbing:** A topical numbing cream may be applied to enhance comfort during the injections.
- **Precise Injection:** Filler is carefully injected to shape and define the chin, adding volume and correcting any asymmetry. Botox may be added to relax specific muscles, smooth chin dimpling, and prolong filler effects.
- **Aftercare Review:** Your provider will go over aftercare instructions to optimize your results and minimize any potential side effects.

## Post-Treatment Instructions

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- **Avoid Touching or Rubbing:** Do not touch or rub the treated area for at least 24 hours.
- **No Makeup:** Avoid applying makeup on or around the treatment area for 24 hours to reduce infection risks.
- **Stay Hydrated:** Continue to drink water to support filler hydration and retention.
- **Cold Compresses:** Use a cold compress gently if you experience swelling or bruising.
- **Avoid Strenuous Activity:** Avoid intense exercise, saunas, hot tubs, and direct sun exposure for 48 hours post-treatment.
- **Sleep on Your Back:** Sleeping on your back with your head slightly elevated can help reduce swelling.

## Potential Risks and Complications

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As with any injectable procedure, there are potential risks and side effects associated with HA filler and Botox for the chin, including but not limited to:

- **Bruising and Swelling:** Mild bruising and swelling are common and usually resolve within a few days.
- **Tenderness or Discomfort:** Temporary tenderness or discomfort may occur at the injection sites.
- **Asymmetry:** Minor asymmetry can occur and may require follow-up for adjustment.
- **Lumps or Nodules:** Small lumps or bumps may form in the treated area; these typically resolve on their own or with gentle massage.
- **Infection:** Although rare, any injection carries a risk of infection. Following aftercare instructions minimizes this risk.
- **Allergic Reactions:** Allergic reactions to hyaluronic acid filler, numbing agents, or Botox are rare but possible.
- **Vascular Complications:** Filler injections near blood vessels carry a rare risk of obstructing blood flow, which can lead to tissue damage.
- **Muscle Weakness (specific to Botox):** Botox may cause temporary muscle weakness in the treated area, which may impact expressions or movements in the lower face.

## Expected Results and Maintenance

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- **Natural-Looking Enhancement:** This treatment is designed to restore a balanced, defined chin profile that complements the lower face.
- **Gradual Improvement:** Results are visible immediately but may improve over 1-2 weeks as swelling subsides and the filler settles.
- **Longevity:** Filler results typically last 6-12 months, with maintenance treatments recommended for sustained enhancement. Botox effects typically last 3-4 months.

## Alternative Treatments

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Your provider has discussed alternative treatments with you, including other filler types, chin implants, PRF (Platelet-Rich Fibrin) injections, and surgical options. If you prefer any of these alternatives, please notify your provider.

## Contraindications

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This treatment is not suitable for individuals who:

- **Are Pregnant or Breastfeeding:** Injectable fillers and Botox are not recommended during pregnancy or lactation.

- **Have Severe Allergies to Filler Ingredients:** Please inform your provider if you have any known allergies to hyaluronic acid, lidocaine, or Botox components.
- **Have Active Skin Infections or Conditions:** Such as active acne, cold sores, or inflammation in the treatment area.
- **Prone to Keloid Scarring:** Individuals prone to keloid or hypertrophic scarring should consult with the provider.
- **Have Neuromuscular Disorders (specific to Botox):** Individuals with neuromuscular conditions (e.g., myasthenia gravis) should avoid Botox injections.

## Consent to Clinical Photography

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For documentation purposes and to track progress, photographs may be taken before and after your procedure. These images are confidential and will be used solely for clinical records and treatment evaluation. They will not be used for marketing or educational purposes without separate, explicit consent.

## WRITTEN CONSENT

By signing below, I confirm that I have read and fully understand this consent form for the Chin Filler and Botox Treatment. I acknowledge the potential risks, benefits, and aftercare requirements and agree to follow all recommended aftercare instructions. I confirm that I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I consent to the administration of the Chin Filler and Botox Treatment by the trained professionals at Honey Skincare Studio.

PRINTED NAME:

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SIGNATURE:

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DATE:

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