



EZ GEL PLASMA FILLER FOR UNDER-EYE REJUVENATION AFTERCARE AND CONSENT FORM

Procedural Description

EZ Gel Plasma Filler is an innovative, all-natural injectable treatment designed to rejuvenate and add volume to the under-eye area. This procedure utilizes your own blood to create a gel rich in serum albumin and growth factors, eliminating the need for synthetic fillers.

Process Overview

- **Blood Collection:** A small amount of your blood is drawn, similar to a routine blood test.
- **Centrifugation:** The blood is placed in a centrifuge to separate its components, isolating the plasma rich in albumin and growth factors.
- **Gel Formation:** The isolated plasma undergoes a controlled heating and cooling process. Heating denatures the albumin proteins, and subsequent cooling allows them to form a gel-like matrix. This transformation leverages the natural properties of albumin to create a cohesive gel without any additives.
- **Injection:** The resulting gel is carefully injected into the under-eye area to address hollows and fine lines, providing immediate volume and promoting collagen production for long-term rejuvenation.

The initial volumizing effect may diminish by approximately 50% over 4-6 weeks as the gel integrates with your tissue and the growth factors stimulate collagen synthesis. For optimal, long-lasting results, two initial treatments are recommended, spaced 6-8 weeks apart, with maintenance sessions every 9-12 months to sustain a refreshed appearance.

Before Your Treatment

- **Discontinue Blood Thinners:** Avoid blood-thinning medications and supplements (e.g., aspirin, ibuprofen, vitamin E, fish oil) at least one week prior unless otherwise advised by your healthcare provider.
- **Hydrate:** Drink plenty of water in the days leading up to your appointment to support optimal blood draw and overall health.
- **Avoid Alcohol and Smoking:** Refrain from consuming alcohol and smoking for at least 48 hours before the procedure to enhance healing and results.
- **Consult with Your Provider:** Inform your provider of any medical conditions, allergies, or medications you are currently taking.

What to Expect During the Procedure

- **Blood Draw:** A small amount of blood will be drawn from your arm, similar to a routine blood test.
- **Gel Preparation:** The blood is processed to concentrate serum albumin and growth factors, forming the EZ Gel.

- **Injection:** The gel is injected into the under-eye area using fine needles for precise application.
- **Comfort Measures:** Topical numbing cream or ice packs may be used to reduce potential discomfort during the injections.

Post-Treatment Instructions

- **Avoid Touching or Rubbing:** Do not touch or rub the treated area for at least 24 hours.
- **No Makeup:** Avoid applying makeup to the treated area for 24 hours to reduce the risk of infection.
- **Hydrate:** Continue drinking water to support the healing process.
- **Avoid Intense Activity:** Avoid strenuous exercise, saunas, and excessive sun exposure for 48 hours post-treatment.
- **Follow-Up Appointments:** Attend any scheduled follow-up appointments to monitor your progress and address any concerns.

Potential Risks and Complications

I understand that, as with any injectable procedure, there are potential risks and complications associated with EZ Gel, including but not limited to:

- **Bruising and Swelling:** Temporary bruising, redness, and swelling at the injection sites.
- **Discomfort:** Mild discomfort or tenderness in the treated area.
- **Infection:** Though rare, any injection carries a risk of infection. Following aftercare instructions minimizes this risk.
- **Nodules or Bumps:** Formation of lumps or nodules at the injection site, which may require further treatment.
- **Allergic Reaction:** Rarely, an allergic reaction may occur. Please inform your provider of any known allergies.
- **Unpredictable Results:** The outcome of EZ Gel treatment may vary based on individual skin and tissue characteristics.

Expected Results and Limitations

- EZ Gel is a regenerative treatment designed to provide natural-looking volume and rejuvenation. While it can improve under-eye hollows and fine lines, it may not fully resolve deep or severe under-eye concerns.
- Results are gradual, with initial volume decreasing by around 50% over 4-6 weeks as the gel integrates with the tissue and growth factors promote collagen production. Two sessions spaced 6-8 weeks apart are recommended to achieve optimal results.
- Maintenance treatments every 9-12 months are advised to preserve the refreshed appearance.

Alternative Treatments

I acknowledge that my provider has discussed alternative treatment options with me, including synthetic dermal fillers, PRF (Platelet-Rich Fibrin) injections, and surgical options. I understand that I may choose these alternatives if I prefer.

Contraindications

- **Pregnancy and Breastfeeding:** EZ Gel is not recommended for individuals who are pregnant or breastfeeding.
- **History of Cancer:** If you have active or recent cancer, please consult your healthcare provider before receiving this treatment.
- **Blood Disorders:** Notify your provider if you have any blood clotting disorders or conditions affecting platelet function.

Consent to Clinical Photography

For medical documentation, photographs of the treated area may be taken before, during, and after your procedure. These images are confidential and will be used solely for clinical documentation 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 the information provided in this consent form for the EZ Gel Plasma Filler 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 EZ Gel Plasma Filler treatment by the trained professionals at Honey Skincare Studio.

PRINTED NAME:

SIGNATURE:

DATE:
