LOWER FACE VOLUME RESTORATION WITH FILLER AFTERCARE AND CONSENT FORM

Procedural Description

The **Lower Face Filler Treatment** is a customizable procedure designed to restore smooth, natural-looking structure to the lower face. Using advanced hyaluronic acid (HA) filler techniques, our skilled injectors target areas such as droopy mouth corners, marionette lines, chin, and jawline. Techniques like the fern pattern and scaffolding allow for layered filler placement, creating a deeper, stable foundation to support skin elasticity. This approach smooths lines, adds balanced volume, and enhances facial harmony, creating a seamless blend between the chin, jawline, and surrounding areas.

For clients seeking a natural look, attention is given to transition zones to maintain balance and ensure a refreshed, cohesive appearance across the lower face. Results generally last 6-12 months, depending on individual metabolism, lifestyle, and the specific areas treated.

Before Your Treatment

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

What to Expect During the Procedure

- **Consultation:** Your provider will assess your lower face structure and discuss your aesthetic goals to create an individualized treatment plan.
- **Numbing:** A topical numbing cream may be applied to increase comfort during the injections.
- **Precise Injection:** Filler is injected using advanced techniques like the fern pattern and scaffolding to provide structure and balance in targeted areas.
- **Aftercare Review:** Your provider will go over aftercare instructions to optimize your results and minimize any potential side effects.

Post-Treatment Instructions

- **Avoid Touching or Rubbing:** Do not touch or rub the treated areas 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, as hyaluronic acid fillers retain hydration and maintain volume.
- **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 minimize swelling.

Expected Results and Maintenance

- **Natural-Looking Enhancement:** This treatment is designed to create a smooth, cohesive look that balances the lower face.
- **Gradual Improvement:** Results are visible immediately but may improve over 1-2 weeks as swelling subsides and the filler settles.
- **Longevity:** Results typically last 6-12 months. Maintenance treatments are recommended to maintain a balanced, refreshed appearance.

Alternative Treatments

Your provider has discussed alternative treatments with you, including PRF (Platelet-Rich Fibrin) injections, collagen-stimulating injectables, and surgical options. If you prefer any of these alternatives, please notify your provider.

Contraindications

This treatment is not suitable for individuals who:

- **Are Pregnant or Breastfeeding:** Injectable fillers 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 or lidocaine.
- **Have Active Infections or Inflammation:** Avoid filler injections if you have active acne, cold sores, or skin inflammation in the treatment area.
- **Prone to Keloid Scarring:** Individuals with a history of keloid formation or hypertrophic scarring should consult with the provider.

Consent to Clinical Photography

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 Lower Face 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 Lower Face Filler 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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