

**Sacramento Surgical Arts, PC – Cosmetic, Facial & Oral Surgery**  
**Jagdev S. Heir, M.D., D.M.D.**

**Consent for Collagen, Juvaderm and Restylane Injection**

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**Introduction:**

This consent form is not designed to alarm or frighten you. It is, however, designed to bring to your attention that all surgical procedures and administration of any type of anesthesia have inherent risks. In addition to Dr. Heir's discussion of treatment alternatives and risks and complications of your planned procedure, this consent form is to further review these items, and to provide another opportunity for you to ask questions or express concerns you may have. We feel that your participation in your care and your consenting to proceed with treatment is not a "formality" but instead is in your best interest because it better insures that you understand your planned treatment.

**Review of Diagnosis, Risks and Complications and Consent to Treatment**

Please read each Paragraph and Initial. If you have any questions, please ask Dr. Heir BEFORE initialing.

\_\_\_\_\_ 1. I hereby authorize Jagdev S. Heir, M.D., D.M.D. and such assistants as he may designate, to perform upon \_\_\_\_\_ an operation for the purpose of attempting to correct a deformity, improve function and/or improve my appearance, with respect to the following conditions:

**A. Facial scar(s)    B. Facial creases or rhytids (wrinkles)    C. Desire for lip enhancement**

\_\_\_\_\_ 2. I hereby swear that the operation(s) to correct the aforementioned conditions have been thoroughly explained to my satisfaction. In addition, the specified potential risks and complications involved have been explained and include, among others outlined, the following:

- |   |  |
|---|--|
| <b>A. Incomplete Improvement or Overimprovement.</b>                        | <b>G. Altered sensation, numbness or discomfort.</b> |
| <b>B. Infection.</b>  |  |
| <b>C. Allergy to Collagen injection material or irritation of the Skin.</b> | <b>H. Slough of skin, scab or scar formation.</b>    |
| <b>D. Allergy to other injectable material.</b>                             | <b>I. Visibility of Collagen Injection material.</b> |
| <b>E. Bleeding/Hematoma.</b>  | <b>J. Severe complications if I have a beef</b>      |
| <b>F. Dimpling of Skin.</b>   | <b>allergy, am on steroid therapy or pregnant.</b>   |

\_\_\_\_\_ 3. I understand that Injection Therapy is a temporary measure for the attempt to improve the areas to be treated and that permanent results are not expected. Continuous retreatment will be necessary if improvement is to be maintained.

\_\_\_\_\_ 4. I realize, understand, and accept the fact that there are risks and complications which may occur that have not been listed or outlined on any form nor discussed with me by my surgeon.

\_\_\_\_\_ 5. I understand that reoperation or additional treatment may be required for further correction, which may necessitate an additional office, surgery center, or hospital charge, and possibly an additional surgical fee.

\_\_\_\_\_ 6. I understand that each complication may be permanent or may require extended medical or surgical treatment.

\_\_\_\_\_ 7. I understand that injection therapy is a procedure to improve the appearance and/or contour of a scar, but that a remaining scar will always exist. I also understand that surgical manipulation of a scar, can potentially result in a more noticeable scar than existed preoperatively.

\_\_\_\_\_ 8. I understand that it is essential to follow all preoperative and postoperative instructions as directed by Dr. Heir and/or his staff and assistants, and that failure to do so could result in a compromised result.

\_\_\_\_\_ 9. I am satisfied that any and all possible alternative methods of treatment have been thoroughly explained, and I wish to proceed with the proposed treatment.

\_\_\_\_\_ 10. I understand that it is essential to disclose to Dr. Heir if I have allergies to beef or beef products; if I am pregnant; if I have an immune system related disorder or disease; if I am on steroid therapy or have been on steroids at any time, as all of these may make Injection Therapy inadvisable.

\_\_\_\_\_ 11. I attest to the fact that I have undergone pretreatment test injections of Collagen and have not had any unfavorable response; I also understand that 1-2% of patients will still demonstrate sensitivity to Collagen Injection treatment despite a negative test.

\_\_\_\_\_ 12. The specific proposed operation(s), to which I agree to submit, is(are) as follows:

- A. Collagen Injection(s)**
- B. Restylane Injection(s)**
- C. Juvaderm Injection(s)**
- D. Juvaderm Ultra Injection(s)**

\_\_\_\_\_ 13. It has been explained to me that during the course of such operation(s), unforeseen conditions may be revealed, which may necessitate either an extension of the aforementioned operation(s); or modified procedure(s) other than those specifically set forth in Item 3. I therefore authorize, and do request, that Jagdev S. Heir, M.D., D.M.D., his assistants or designees, perform such surgical procedure(s) that are necessary and/or desirable in the exercise of professional judgement. This authority granted in this item shall also include treatment of all conditions that require such treatment and are not now known to the surgeon at the time the operation is commenced.

\_\_\_\_\_ 14. I furthermore know and understand that the practice of medicine and surgery is not an exact science, and that, therefore, reputable physicians cannot guarantee any specific results. No guarantee(s) or assurance has been given to me, by Jagdev S. Heir, M.D., D.M.D., or his staff, as to the expectations or results that may be achieved, and I realize that a perfect result cannot be warranted.

\_\_\_\_\_ 15. I understand that there are risks in receiving local anesthesia, general anesthesia, and intravenous sedation that are distinct from the risks of surgery and that in receiving anesthesia there are risks of serious bodily harm, injury or death.

\_\_\_\_\_ 16. I hereby acknowledge that I have read and understand the foregoing. I have discussed with Dr. Heir any questions or concerns which I may have had regarding my condition and my proposed surgery, and acknowledge that I have received a copy of this form. I also state that I read and write English.

\_\_\_\_\_ 17. I understand that any computer imaging reviewed with me prior to surgery is for the purpose of communication only, and that no assurances or guarantees have been made to me about my own final appearance after elective surgery.

\_\_\_\_\_ 18. My signature, or that of my legal guardian (minors), to this document will serve to acknowledge and approve items 1-17 above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Day of Surgery: Patient Identified, Procedure Confirmed and Informed Consent Acknowledged:

\_\_\_\_\_  
Patient Signature

Date/Time: \_\_\_\_\_

\_\_\_\_\_  
Jagdev S. Heir, M.D.,D.M.D.