

RADIESSE Consent form

Patient Name:	DoB:
Address:	Telephone
Post Code:	Date:
I _____ (name of patient) understand that I will be injected with Radiesse Dermal Filler in the facial area.	

- I have read about Radiesse
- I understand that multiple treatments may be necessary to achieve desired results.
- Touch up treatments may be necessary to maintain desired results.
- No guarantee, warranty, or assurance has been made to me as to the results that may be obtained.
- Clinical results vary per patient.

Radiesse® dermal filler is made of **calcium-based microspheres** suspended in a water-based gel, and is injected into the skin through a simple and minimally invasive procedure.

- Radiesse is made up of synthetic **Calcium Hydroxylapatite (CaHA)** microspheres suspended in a gel carrier, which is an aqueous gel that contains sodiumcarboxymethylcellulose, glycerin and high purity water. Radiesse is approximately 30% CaHA and 70% gel carrier by volume.
- The CaHA spheres are composed of calcium and phosphate ions which **occur naturally in human tissue**.
- Radiesse is **not a permanent filler**. It is a long lasting, resorbable filler - with the effect claimed to **last approximately 2 years** depending on the patient and the area treated.
- Once injected into your skin, the smooth and spherical CaHA particles form a scaffold which your own tissue grows new collagen cells between. The gel carrier dissolves within a few months and over time, the CaHA particles gradually break down and are **completely metabolised** by the body, leaving only the new collagen structure.
- A **touch-up Radiesse treatment may sometimes be necessary** to help maintain the effect after a year or two. For a long-lasting result in a tissue filler, Radiesse is an excellent option.
- Radiesse is fully approved for facial augmentation with a European CE certification mark and a number of USA Food and Drug Administration (FDA) clearances.

Radiesse treatment indications:

- **Nasolabial Folds:** between the nose and mouth
- **Marionette lines:** The so-called "smile lines" in corners of mouth
- **Radial lip lines:** lines above the upper lip
- **Shallow cheeks:** caused by fat atrophy
- **Nose and Chin:** correcting indentations, tips, bumps and unevenness.
- **Jaw:** Improving the contours of this area

- **Hand:** To reduce the appearance of veins and bones in aged hands.

I am not Pregnant or breast feeding

There is no active infection in the injection site

If you have other implants or filler materials still in place, please notify and consult your physician.

Reported side effects from clinical trials and actual usage data.

Radiesse has been tested extensively in clinical trials for over 8 years, with excellent safety and efficacy results.

- Injection-related reactions may occur, such as **swelling, pain, itching, discoloration and tenderness** at the injection site.
- **Keloid and / or hypertrophic** scar formation
- **Some lumpiness** at the injection site can occur, which is often due to incorrect placement of the product.
- The company claims that more serious **granulomatous** reactions have not yet been
- All my questions have been answered to my satisfaction and consent to the terms of this agreement.
- The purpose of this procedure, risks, complications and alternative methods of treatment have been fully explained to my satisfaction. I understand the distinction between "on-label" and "off-label" use of Radiesse.
- No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure.

PLEASE TICK AREAS TO BE TREATED



Patient Signature: _____ Date: _____

Dr Rajendra Patel Signature/Date: _____