KORIN KORMAN | Body+Beauty Lab

AQUAGOLD® FINE TOUCH® INFORMED CONSENT

This is an informed consent document which has been prepared to help your Medical Injector inform you concerning AquaGold® booster injections, its risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please sign the consent for this procedure as proposed by your Medical Injector and agreed upon by you, indicating that you have read the informed consent.

I, _____ authorize Medical Injector _____ to perform the following procedure: **AquaGold® Fine Touch® Treatment**.

This treatment (microchannel mesotherapy) involves customized blend of tiny amounts of facial fillers and wrinkle relaxers evenly distributed under the surface of the skin through very fine 24 Karat gold needles containing hyaluronic acid along with products such as Botox®, PRP growth factors, antioxidants, retinols and peptides. Through skin needling, the procedure will stimulate collagen production and elastin production. AquaGold® improves facial expression lines and/or skin surface, boost hydration, smooth fine lines on cheeks, under eyes and around mouth, reduce and tighten pore size, soften acne scars, and provides a glowing appearance. This treatment may also be used on the neck, décolletage and hands. Virtually pain free, the results are seen immediately to no longer than approximately 1 week (to see the collagen stimulation) and the results will last up to 3-4 months. The benefits of MicroBotox result in skin tightening, reduction of pore size and a smoother texture. The benefits of MicroFiller (Hyaluronic Acid) are seen immediately after the treatment adding a subtle plump to the skin. This along with the stimulation of the gold-plated needles, which increases blood flow, gives the skin a soft, radiant and dewy glow.

The practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. I understand that several appointments may be necessary to complete the treatment.

CONTRAINDICATIONS, RISKS, SIDE EFFECTS

Listed below are Contraindications, Risks and Common Potential Side Effects reported during clinical studies that are specific to the injection of AquaGold®, based upon the introduction of neuromodulators (Botulinum Toxin):

1. Bruising, bleeding, redness, itching, swelling, discomfort or erythema (raised areas) at the injection site.
2. Allergic and systemic anaphylactic reactions may occur. Neuromodulators are contraindicated in clients with a known hypersensitivity to the active substance botulinum toxin type A or to any of the components in the formulation such as human serum albumin. Hypersensitivity reactions have been reported with botulinum toxin products (anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea).

3. Under correction (not enough effect) or overcorrection (too much effect).
4. Facial asymmetry (one side looks different than the other).
5. Migration of neuromodulators from its original injection site to other areas which may lead to paralysis of a nearby muscle groups leading to droopy eyelid, abnormal looseness of lower eyelid, double vision, inability to close eyelid, difficulty whistling, swallowing or drinking from a straw.
6. Treatment with neuromodulators and other botulinum toxin products can result in swallowing or breathing difficulties. Clients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. These reactions can occur within hours to weeks after injection with botulinum toxin. Seek immediate medical care if swallowing, speech or respiratory disorders arise.
7. Dry eye problems for individuals who normally have dry eyes may be advised to use special caution in considering neuromodulator injections around the eyelid region. Excessive bleeding around the eyeball or needle stick injury causing trauma to the eye or blindness. Corneal exposure resulting in difficulty closing the eyes may occur. Neuromodulators may cause reduced blinking or effectiveness of blinking, and that I should seek immediate medical attention if eye pain or irritation occur following treatment. An inability to blink the eyelids normally may result in corneal exposure and has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. The reduced ability to blink has been associated with corneal ulcerations. These side effects can last for several weeks or longer.
8. Treatment with neuromodulators and other botulinum toxin products can result in swallowing or breathing difficulties. Clients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. These reactions can occur within hours to weeks after injection with botulinum toxin. Seek immediate medical care if swallowing, speech or respiratory disorders arise.
9. Generalized weakness.
10. Permanent loss of muscle tone with repeated injection.
11. Damage to deeper structures such as nerves and blood vessels during the course of injection which may be temporary or permanent.
12. Flu-like syndrome or respiratory infection.
13. Infection at treatment site is extremely rare and should that occur, antibiotics may be necessary.
14. Nausea or headache.
15. Development of antibodies to neuromodulator cosmetic (that effect duration or result of treatment).
16. Neuromodulators contains human-derived albumin and carries a theoretic risk of virus transmission. There have been no reports of disease transmission through Botox®.

Listed below are Contraindications, Risks and Common Potential Side Effects reported during clinical studies that are specific to the injection of AquaGold®, based upon the introduction of Hyaluronic Filler:

1. **Bruising, Redness, Swelling, Itching, Tenderness and Pain:** I understand that there is a risk of bruising, redness, swelling, itching and pain associated with the procedure, as well as temporary skin discoloration and needle marks. These symptoms are usually mild and last less than a week but can last longer. Clients who are using medications that can prolong bleeding, such as aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, or certain vitamins and herbal supplements, may experience increased bruising or bleeding at the injection site. Seek emergency medical treatment for post injection bleeding.

2. **Nodules and Palpable Material:** I understand that there is a risk that small lumps may form under my skin due to the Dermal Filler material collecting in one area. I also understand that I may be able to feel the Juvéderm filler material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.

3. **Accidental Injection into a Blood Vessel:** Although rare, I understand that Dermal Filler can be accidentally injected into a blood vessel (arterial structures) which may block the blood vessel (flow of blood) and cause damage of potentially large areas of distant tissue, or potentially even a heart attack, stroke or blindness.

4. **Infection:** As with all transcutaneous procedures, I understand that injection of any filler material carries the risk of infection.

5. **History of Herpes Infection:** I understand that there is a risk that injection of any filler material carries the risk of a recurrence of an outbreak of herpes simplex virus (fever blisters/cold sores/ shingles) and that the outbreak may be severe in nature. I have disclosed to the health care provider my medical history and in particular, disclosed prior herpes outbreaks. Medications must be taken prior to and following the treatment in order to suppress an infection from the herpes virus. Should an infection occur, antibiotics may be necessary.

6. **Skin Infection:** I understand that Dermal Filler should not be used in areas of active infection (cysts, pimples, rashes or hives) or on those who are on immunosuppressive therapy.

7. **Allergic Reactions:** I understand that Dermal Filler should not be used in clients with severe allergies, a history of anaphylaxis, or history or presence of multiple severe allergies, hypersensitivity to any of the ingredients in Dermal Filler, especially gram-positive bacterial proteins and hyaluronic acid.

8. **Skin Necrosis:** It is very unusual to experience death of skin and deeper soft tissues after injections. Skin necrosis can produce unacceptable scarring. Should this complication occur, additional treatments or surgery may be necessary.

9. **Migration and Asymmetry:** I understand that Dermal Filler, as with any filler material, may move from the place where it was injected, resulting in unintended effects. The human face is normally asymmetrical in appearance and anatomy. It may not be possible to achieve or maintain exact

symmetry with tissue filler injections, there can be variations from one side to the other in terms of the response to injection.

10. **Duration of Effect:** I understand that the outcome of treatment with Dermal Filler will vary among clients. In some instances, additional treatments may be necessary to achieve the desired outcome.

11. **Concomitant Dermal Therapies:** I understand that the safety of Dermal Filler with concomitant Dermal Therapies such as epilation, UV radiation, laser, mechanical or chemical peeling procedures has not been evaluated in controlled clinical trials. If laser treatment, chemical peeling, or any other procedure based on active dermal response is considered after treatment with Juvéderm Dermal Filler, before the skin has healed completely, there is an increased risk of inflammatory reaction at the injection site.

12. **Keloids/Scarring:** I understand that the safety of Dermal Filler in clients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.

13. **Pregnancy/Age:** I understand that the safety of Dermal Filler for use during pregnancy and in breastfeeding females, or in clients 21 years of age has not been studied, and therefore should not be used while pregnant, nursing or under the age of 21.

14. **Interactions:** I understand that the interaction of Dermal Filler with drugs or other substances or implants has not been studied.

15. **Unsatisfactory Results:** Not all wrinkles can be adequately treated with Hyaluronic Acid alone. There is the possibility of poor or inadequate response from filler injections. Other surgical procedures or treatments may be needed to improve wrinkles and folds, including wrinkle creams, laser skin resurfacing, other types of dermal fillers or bacterial toxins. Although good results are expected, there is no guarantee or warranty expressed or implied.

ADDITIONAL CONTRAINDICATIONS

Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba and other herbs/homeopathic remedies may contribute to a greater risk of bleeding and bruising problem. Do not take these for ten days before or after Botox® or Dermal Filler injections.

You should not have Botox® if you are pregnant, nursing, allergic to albumin or cow's milk, have an infection, skin condition, or muscle weakness at the site of injection or have peripheral motor neuropathic disorders (Eaton-Lambert syndrome, Lou Gehrig's disease, or Myasthenia Gravis).

As with any injection into the head or neck, the injected material may be inadvertently implanted in a blood vessel, which could cause occlusion, infarction, or embolic phenomena.

I understand that I should minimize exposure of the treated area to the sun, heat and extreme cold weather for approximately 24 hours after treatment or until any initial swelling or redness goes away and puncture sites have healed. Within the first 24 hours, you should avoid strenuous exercise. You should ask your healthcare provider when make-up may be applied after treatment.

I understand patients experience various results. I understand that although I may see an improvement after my first treatment, I will likely require a series of sessions to obtain my desired outcome. The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that AquaGold® Fine Touch® Treatment is not permanent as natural degradation will occur over time.

I understand the above, and have had the risks, complications, benefits, and alternatives explained to me by the Medical Injector. No guarantees about results have been made.

CONSENT

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees should they be required. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the injections and will also be your responsibility.

I agree to follow up with Body+Beauty Lab at the recommended intervals to monitor the effectiveness of the treatment, and to contact Body+Beauty Lab to advise of any change in my condition or any problem I may experience.

In signing this consent for this procedure, you acknowledge that you have read the informed consent and have been informed about its risks and consequences and accept responsibility for the clinical decisions that have been made, along with the financial costs of all treatments and future treatments. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the Medical Director, Medical Injector and Body+Beauty Lab from liability associated with this procedure. I give my informed consent for AquaGold® Fine Touch® Treatment today as well as future treatments as needed.

Client Signature _____ **Date** _____

Medical Injector Signature_____ **Date** _____