



**PURPOSE AND BACKGROUND:**

This document is to make you aware of the nature of this procedure, its limitations and its risks, so that you can decide whether or not to go forward with the procedure.

**RADIESSE®** is a sterile gel composed of microscopic beads of Calcium Hydroxylapatite (a liquid precursor of bone and tooth) in a carrier of methyl-cellulose, to which numbing is added. It is chemically close to being a liquid precursor of bone or tooth. It is FDA approved for long lasting (6 to 16 months) filling to improve the appearance of moderate to deep facial wrinkles and volume. This product has been used successfully, worldwide, for enhancing facial appearances for over a decade. It is supplied at LVLL in 1.5-milliliter syringes. You can use multiple syringes per visit.

Alternatives to the use of this filler includes the use of Hyaluronic gel fillers which correct these cosmetic issues for less than a year; tissue activators; longer lasting Bellafill®(PMMA based filler); facial implants and/or cosmetic surgery. **Radiesse®** should be part of an ongoing rejuvenation program including injections of Botulinum toxin for the control of dynamic wrinkles and chemical peels, LASER and Light treatments. They work best together.

**PROCEDURE:**

- The treatment site(s) are washed with an antiseptic solution.
- Topical or injectable anesthesia (lidocaine with/without epinephrine) may be used. Topical cooling may be used before or after the injections.
- Radiesse® is injected via a small needle or cannula, into facial tissue to re-volumize deflated areas or scars. This is done conservatively to prevent over-inflation of this long lasting filler. The number and sites of injections depends on the location, depth of deformity and injection technique used to build up a three-dimensional scaffolding in your tissue.
- Following injection, the treatment site may be massaged to blend with the surrounding tissues and help diffuse swelling. Lumps or bumps under the skin may be felt for weeks, but should eventually go away with gentle massage. Swelling is expected. Treat it intermittently with applications of a cool gel pack or crushed ice in a Zip Lock bag.

**RISKS/DISCOMFORT:**

PLEASE INITIAL YOUR UNDERSTANDING OF EACH PARAGRAPH

- A very thin needle or cannula is used for injections. After your treatment session, you may notice swelling, redness, bruising, itching and tenderness at the injection sites. This is normal and mostly subsides within a few days. Some tenderness or swelling may last for several weeks. Please call the office if you have any concerns.

**Initial:** \_\_\_\_\_

**Information and Consent for Radiesse®**

- Patients taking Aspirin containing products, Advil® and similar medications, garlic, ginkgo, ginger, fish oils, Vitamin E and other substances that reduce blood clotting are more likely to have bruising, bleeding and swelling.

**Initial:** \_\_\_\_\_

- Any injection carries the risk of infection. Unusual redness, pain, or swelling within several weeks of injection should be reported to the office for evaluation and possible treatment with antibiotics or anti-inflammatory medications. Rarely, superficial sloughing of tissue could occur. This could leave a scar.

**Initial:** \_\_\_\_\_

- Blindness secondary to unintentional injection of filler into an artery which is part of the eye circulation has been reported. It is rare, but a known risk.

**Initial:** \_\_\_\_\_

- Some temporary lumpiness may be felt (even if not visible) after an injection or as the carrier material is absorbed by the body. **Initial:** \_\_\_\_\_

- These products should not be used by people who have experienced hypersensitive allergic reactions to them previously or who know they are allergic to the components of the filler. Filler cannot be injected into areas that have active inflammation or infections (e.g.: active acne, cysts, rashes and hives).

**Initial:** \_\_\_\_\_

- Immediately before and after treatment, you should minimize exposure of the treated areas to excessive sun, UV lamp exposure, and extreme cold weather to decrease risk of creating a biofilm infection. **Initial:** \_\_\_\_\_

- While the effects of Radiesse® last months, your face will continue to age and lose volume over time, so additional procedures will be required to maintain your rejuvenation and enhancement. **Initial:** \_\_\_\_\_

- Some patients may unpredictably form collections of filler (called nodules) that may need to be injected with steroids, etc. or removed with surgery if bothersome. Otherwise, they resolve on their own over months.

**Initial:** \_\_\_\_\_

- Most patients are pleased with the results of their filler. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied or that you will not require additional treatments to achieve the results you seek.

**Initial:** \_\_\_\_\_

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**BENEFITS:**

**Radiesse®** has been shown to be effective for re-volumizing deflated facial tissue and mild to moderate wrinkles. It usually maintains cosmetic correction longer than HA fillers and is less invasive than surgery. It can be combined with other cosmetic treatments.

**CONSENT:** (This consent shall remain in effect for the duration of treatment(s))

PLEASE INITIAL YOUR UNDERSTANDING OF EACH PARAGRAPH

- The nature and purpose of this procedure, risks, benefits and alternative methods of treating the volume loss on my face have been explained to my satisfaction. **Initial:** \_\_\_\_\_
- I understand and consent to the use of topical and/or injectable anesthetic to decrease discomfort from the injections. **Initial:** \_\_\_\_\_
- Digital pictures will be obtained for my file to help evaluate the efficacy and duration of effect of this filler. These pictures remain confidential. They may be used for education and/or advertising purposes, only with my consent. (In which case, they will be cropped to protect my identity.) **Initial:** \_\_\_\_\_
- No guarantees have been made to me by anyone as to the results that may be obtained from this procedure. **Initial:** \_\_\_\_\_

I have read this informed consent on the improvement of volume loss and wrinkles with **Radiesse®**. I have had my questions answered and understand the contents in full. I have had time to evaluate and consider my options and feel I am sufficiently advised to consent to this procedure.

I hereby give my consent to the administration of anesthesia and the injection of fillers by Dr. Zimmerman and his designates.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Staff Signature

\_\_\_\_\_  
Date