



INFORMED CONSENT FOR SCULPTRA

This document will inform you about your Sculptra® Injectable procedure, the risks associated with this procedure, and alternative treatments. It is important that you read this information carefully and completely. After reviewing, please sign the consent authorizing the procedure to be performed.

PLEASE PLACE A CHECK MARK IF ANY OF THE FOLLOWING PERTAIN TO YOU:

- Pregnant/Nursing
- Bleeding disorder
- Autoimmune disorder
- Clotting disorder
- History of HSV (cold sores)
- Allergy to Lidocaine

Sculptra is a safe synthetic and biocompatible material that is injected below the surface of the skin. It is made up of microspheres (a spherical shell that is usually made of a biodegradable or reabsorbable plastic polymer). Because poly-L-lactic acid is the main ingredient in Sculptra, patients don't require a test for allergic reactions. Sculptra is approved to treat facial lipoatrophy, the progressive facial thinning seen in many AIDS patients, but it is commonly used off-label for cosmetic purposes in the face or body.

The injection of Sculptra is not an exact science, therefore, practitioners cannot guarantee results. The results of the injections may not last for as long or as well as expected. There are no promises or guarantees regarding the degree of improvement when using Sculptra.

Drugs, Pregnancy and Allergies: You should not use Sculptra if you are pregnant, nursing an infant, have a history of a bleeding disorder, abnormal scarring, or autoimmune disease. Taking any of the following medications: immunosuppressant or blood thinners, would preclude you from having Sculptra. Please notify your provider if you have a history of oral herpes simplex (cold sores).

Alternatives: As explained, not all wrinkles will respond to Sculptra. Other alternatives are microdermabrasion, chemical peel, laser resurfacing, micro-needling, fillers, and thread-lifting. Also, treatments with Retinols or other corrective cosmetic products may produce some mild benefits.

Photography: I hereby give my permission to take photographs of all treated sites to accurately document in the medical record in the usual and customary manner.

I am aware that multiple treatments may be required to achieve the ongoing desired results, and the results will vary from patient to patient based on each individual's response to the treatment. It has been explained to me that these procedures are cosmetic in nature and many areas often treated with Sculptra Aesthetic are considered off label. I understand that this treatment is cosmetic and I am responsible for all costs associated with it. I certify that I have truthfully and thoroughly completed, to the best of my knowledge, the patient contraindication section above. I certify I have read and understand the care instructions for Sculptra Aesthetic. It is fully recognized that there are

risks accompanying the performance of this procedure and that unforeseen consequences may occur. I therefore authorize Refine MD providers to perform the requested procedures and utilize their professional judgment necessary for the best possible desired result. The authority granted under this paragraph shall include all conditions requiring treatment and that are not known to Refine MD Medical Spa providers at the time the procedure began. I understand the treatment protocol and accept the risks to undergo this procedure. My questions have been answered satisfactorily.

INFORMED CONSENT FOR SCULPTRA INJECTION

1. I hereby authorize Refine MD Aesthetic Medical Spa and the appropriate delegated providers to perform the following procedure or treatment as outlined in this document.
2. I recognize that during the course of the medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those noted above. I therefore authorize the Refine MD providers to perform such other procedures that are in the exercise of their professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my provider at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and, though highly unlikely, death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the procedures(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided that my identity is not revealed by the photos.
6. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
7. The following have been explained to me in a way that I understand:
 - The treatment or procedure to be undertaken
 - There may be alternative procedures or methods of treatment
 - There are risks to the procedure or treatment proposed

My signature certifies that I do understand the goals, limitations, alternative treatments, and possible complications of the Sculptra procedure and the above listed items (1-7) and I wish to proceed with the procedure.

Signature: _____ Date: _____