

FASCIA LATA INJECTION CONSENT

Injection(s) of fascia lata is a technique to cosmetically improve various skin or deeper tissue problems such as: depressions, wrinkles, sagging, pitting, or injuries that can cause spacing to occur.

Fascia lata is composed of human tissue, also called collagen, that has been carefully harvested, treated, and preserved. Fascia lata's use in the human body meets with FDA approval.

As fascia lata injection(s) is a relatively new procedure, no one can be fully aware of all possible side effects or complications.

Patient
Initials

- _____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- _____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- _____ I am aware that skin pre-testing is not routinely required.
- _____ I am aware that although there have been no reported allergic reactions to this material, a rare allergic episode could occur.
- _____ I am aware that the injection site may feel thick and lumpy during the initial post-injection period.
- _____ I am aware that some temporary bruising or swelling may occur at the injection site.
- _____ I am aware that smoking during the pre- and post-injection period could increase chances of complications.
- _____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- _____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
- _____ I understand that local anesthetic may be used, and I have informed the physician of any known allergies.
- _____ I am aware that I may have temporary numbness on and around the injection site.
- _____ I am aware that redness of the site should go away without further treatment.
- _____ I am aware that the effects obtained from this treatment will be temporary as the body will eventually absorb the fascia lata.
- _____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- _____ I understand that there are no guarantees with this treatment, that additional injections may be necessary and that persistent folds, wrinkles, and depressions may not be improved.
- _____ I have been advised of the probable consequences of declining recommended or alternative therapies.
- _____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform the procedure of fascia lata injection on _____ at _____.
(name of facility) (patient name)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Physician Signature/Date/Time

initial

copy given to patient

initial

original placed in chart

SAMPLE