

# HUMAN COLLAGEN INJECTION CONSENT

*Injection(s) of human collagen 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.*

*Human collagen is carefully harvested from healthy human tissue, then treated and preserved. The use of human collagen in the human body meets with FDA approval.*

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

Patient's  
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 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 human collagen.
- \_\_\_\_\_ 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 there are no guarantees with this treatment, hardness may occur, 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 human collagen injection on \_\_\_\_\_ at \_\_\_\_\_.  
(patient name) (name of facility)

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

*Continued*

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