

**Park Cities Skin Care
Vinita Schroeder, MD
4119 Lomo Alto
Dallas TX 75219**

Consent for Injection Filler Procedure

1. I voluntarily consent for Dr. Schroeder to perform the injection of Juvederm filler. The procedure necessary to treat the condition has been explained to me and I understand the nature of the procedure to be injected into the facial/neck area.
2. I understand Juvederm is FDA approved and does not require allergic testing before treatment. Follow-up treatments may be needed to achieve the desired look. There may be slight bruising or swelling post treatment and is normal.
3. I understand there have been no warranties, assurances. I acknowledge that I have has the opportunity to ask any questions of the physician with respect to the procedure and all my questions have been answered to my full satisfaction. My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of Juvederm.
4. I consent to the use of a topical numbing agent or dental block if necessary and any possible reactions to the anesthetic.
5. I consent to the photographing of the areas for documentation for my personal file.
6. I understand that the physician will rely on statements made by me to determine that the procedure is safe and effective for me. I have informed the physician of all my known physical conditions, medical conditions and medications. I assume all responsibility and liability for any condition(s) I have failed to disclose.

I consent to the treatment or procedure and the above list items. I am satisfied with the explanation and accept the risks and complications of this procedure on the date of signature and any following dates of injections.

DATE

Patient Signature

Printed Name