

## Radiesse Informed Consent



Radiesse is a safe; FDA approved dermal filler made up of biocompatible microspheres of calcium hydroxylapatite, which is the same mineral your bones and teeth consist of, suspended in an aqueous gel carrier. The gel and microspheres provide an immediate result, but once injected, the microspheres form a scaffold which stimulates the body to create new collagen around them. The microspheres break down into calcium and phosphate ions and are reabsorbed into the body through the natural metabolic process. Each person's ability to make collagen varies, so a touch-up treatment may be necessary to achieve the maximum lasting effects. These touch-ups, if necessary, would be done approximately eight weeks after the first injection.

How long the effect lasts is very individual. It depends on many factors such as the structure of the skin, lifestyle and age as well as on the degree of perfection demanded by the individual. For the majority of patients treated the results last 12 months. Additional treatments should be administered before the results have completely dissipated.

The treatment takes about 15-30 minutes and the result is prompt. Local numbing, or a dental block may be used to maximize your comfort during the procedure. Most patients report a mild discomfort typically associated with needle injections. The treated area can be swollen and red for a norm of 36 hours. After the injection, some common injection-related reactions may occur. These reactions include erythema, swelling, pain, itching, bruising and discoloration or tenderness at the implant site. Typically, resolution is spontaneous within a week. Additionally, temporary palpable lumpiness has been noted after injection in some patients.

I am satisfied with my understanding of the proposed procedure and I understand that choosing this procedure does not guarantee or give assurance of a successful result. I have had an opportunity to ask questions concerning the procedure and to discuss any doubts, fears or concerns I may have. I am content with the responses I have received and consent to the injection of Radiesse.

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Patient or Legal Representative Signature / Date

\_\_\_\_\_  
Print Patient or Legal Representative Name

\_\_\_\_\_  
Relationship (self, parent, etc.)

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Witness Signature / Date