



FILLER CONSENT



PLEASE CIRCLE THE AREA/S TREATMENT IS REQUIRED:

Lips/Lipstick Lines	Tear Trough	Cheek/Lift & Contouring	Nasolabial Folds	Marionette Folds	Skin Booster/Fine Lines	Non-Surgical Rhinoplasty
Eyebrow Lift	Jawline	Temple Hollow	Hand Rejuvenation	Décolletage	Chin	Other?

FIRST NAME:	SURNAME:
ADDRESS:	MR/MRS/MS/MISS
POSTCODE:	TOWN:
EMAIL:	DATE OF BIRTH:
MOBILE NO OR LANDLINE:	
OCCUPATION:	HOW DID YOU HEAR ABOUT US?

Medical History: To ensure it is safe for you to have these treatments please complete this form as fully as possible. If your medical history changes at any time whilst having treatments, you must inform us. If you withhold any information, we cannot be held responsible for any consequences & no further treatments will be performed.

Do you currently have, or have ever suffered from any of the following conditions?

Condition	Please circle your answer	Further Details if answer Yes:
Any Mental health issues/personality disorders/anxiety of any kind?	Yes/No	
Blood clotting/bleeding disorders?	Yes/No	
Skin conditions/cold sores?	Yes/No	
Reactions/allergy to local anaesthetic?	Yes/No	
Abnormal/keloid scarring?	Yes/No	
Any other medical problems? (Liver, Kidney etc.)	Yes/No	
Are you pregnant or planning pregnancy?	Yes/No	
Are you breast-feeding?	Yes/No	
Do you have any allergies to anything?	Yes/No	
Have you had or are you planning cosmetic surgery?	Yes/No	
Have you had filler treatment before?	Yes/No	
Were you pleased with the results?	Yes/No	
Have you had any antibiotics in the past 3 days?	Yes/No	
Are you taking any medication? Oral? Topical? Including aspirin, over the counter products, vitamins, health products, anti inflammatories, tanning injections, anabolic steroids, or any other substance?	Yes/No	
Any other medical history not previously mentioned?	Yes/No	

Dermal Filler injections are commonly used to: improve lines and wrinkles, to fill, lift, plump, contour and to restore volume and rehydration of the skin, caused by aging, fat loss, gravity and sun damage on the face, lips, cheeks, tear trough, nose, chin, jawline, décolleté and many other areas of the body.

AB Medical UK uses only UK reputable suppliers, adheres to: recommended storage, administration of dermal fillers, and aftercare of such products. Andrea Bath is an Advanced Nurse Practitioner, Independent Prescriber, and has studied not only basic administration but advanced filler techniques too. Your treatments will only be administered by Andrea Bath. During your consultation you may have before, during and after photographs taken for your medical records, these are not used for distribution of any type without your consent. Dermal Fillers used in this clinic are temporary, lasting between 6-24 months. You may need numerous treatments and/or a combination of different treatments to achieve the results you desire, especially if your skin is lax, sagging, or damaged from sun or smoking. This means it will need to be repeated on a regular basis to remain effective. How long each treatment lasts will depend on many individual factors as follows:

- How badly damaged the skin is, or continues to be damaged, from sun exposure, or smoking, or the ageing process,
- How fast your body metabolises the filler,
- How deep the lines are and your age, deep lines are more difficult to treat,
- The amount of product injected, deep lines and loss of volume often need a substantial amount of product injected over a course of time,
- How frequently you have maintenance treatments, leaving long gaps between treatments is not recommended, we have pre-payment plans to help budget for ongoing and future treatments.
- Whether you adhere to the aftercare advice or not.

PLEASE CIRCLE YOUR ANSWER:

I DO/DO NOT CONSENT TO THE USE OF MY ANONYMISED PICTURES IN THE BUSINESS SOCIAL MEDIA PLATFORMS.

I have read & understood this information: patient initials:.....

Any procedure carries a risk of unwanted effects; these include but are not limited to the following:

Bruising: you will be offered ice prior to treatment to reduce the risk of bruising but the risk cannot be completely eliminated as the treatment involves having a needle inserted into your skin. Ingesting alcohol within 72 hours before or after treatment increases the risk of bruising as alcohol thins the blood. Bruising can make the initial result look a little uneven but will settle when the bruising resolves. Bruises do not need reporting to the clinic but please consider this if you are having a treatment close to a social event.

Cold sores: only in persons who have suffered these previously, if an outbreak occurs at the site of injection within 14 days of treatment please contact the clinic for treatment if you need antiviral medication.

Tenderness, redness, swelling: where injections have been administered, this resolves within 72 hours no treatment is necessary.

Vessel occlusion: this is very rare, noticed as a blanched, pale area on the skin around the injection site, with/without severe discomfort. This needs reporting to the clinic immediately via email.

Nodule, granuloma: again uncommon and if noticed after 4 weeks following treatment email the clinic for advice.

Infection: uncommon, this may be noticed as pus around injection site, an area of redness which feels warm, a hard lump, similar to an abscess. You may feel unwell with a temperature. Email the clinic for advice during opening hours

FILLER POST TREATMENT ADVICE:

1. *FOR UP TO 6 HOURS > AVOID: Touching the treated area, exercise or applying makeup (mineral is allowed). You may apply a cool compress.*
2. *FOR UP TO 24 HOURS > AVOID extreme temperatures, applying retinols, glycolic or facial acids & drinking alcohol.*
3. *FOR UP TO 1 WEEK > AVOID sun exposure and wear SPF50, no waxing, facials, or pressure over treated areas,(e.g. massage bed with facial hole), this includes kissing & dental treatments for lip treatments and wearing heavy glasses for non-surgical rhinoplasty.*

Lips: need to be kept moist and hydrated until any swelling and bruising resolves and can appear uneven while healing for up to 4 weeks. You may need repeated treatments to achieve the result you desire. If there are any lumps after 4 weeks, please book a consultation so that they can be treated.

Due to individual responses, no results are guaranteed. Payment in full is required at time of treatment, no refunds are given. You may require multiple treatments over a period of time to achieve optimal results.

Clinic opening times for advice are accessed via the online booking system via the website www.abmedicaluk.com

By signing this consent form you are also consenting to the terms & conditions of the business available on the website. A blank copy of this consent form is also available to read on the website.

I have read & understood patient initials:.....

Patient Signature:..... Print Name:..... Date:.....

Notes:	Product Label:
Preventative :Maintenance: Repair:	