

Consent for Injectable Filler Radiesse

I hereby authorize and direct Dr. de la Torre, his associate or assistant of his choice to perform upon me the following medical procedure.

Injection of Radiesse (calcium hydroxyl apatite micro spheres in gel carrier) into lips, facial folds, nasolabial folds, glabellar lines, corners of mouth, cheeks, chin, nose, neck, forehead, eye socket region, jaws acne scars or any other facial area where augmentation could be aesthetically beneficial.

This procedure has been explained to me. Alternative methods have also been explained to me, as have the advantages and disadvantages.

Risks of having this procedure are:

1. Poor cosmetic result, infection, unequal lips, folds, or areas of depression, swelling, allergic reaction, firm hard areas on lips, folds, or lines, inadequate correction of depressions, lines, or lips. Radiesse FN cannot be called permanent. Re-absorption of implant will probably occur.
2. Long-term effects of Radiesse® are unknown.

I hereby state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it. I have had the opportunity to ask any questions about the treatment including risks or alternatives and acknowledge that all my questions about the procedure or procedures have been answered in a satisfactory manner. THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING.

Patient

Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____



Dr. Adrian L. de la Torre

34197 Pacific Coast Highway, Suite 102, Dana Point CA 92629
Phone: 949.489.1317 • Fax: 949.489.1178