

HYALURONIDASE TREATMENT CONSENT, LIABILITY RELEASE & NON-DISPARAGEMENT AGREEMENT

I, the undersigned, hereby acknowledge that I have **requested** and **voluntarily consent** to receive **Hyaluronidase treatment** at ANI Center of Excellence, either for cosmetic correction, aesthetic refinement, **or in the event of a complication or adverse reaction** related to previously injected hyaluronic acid filler.

I understand that hyaluronidase use for dissolving or correcting cosmetic filler is an **off-label, non-FDA-approved use**, and **no guarantee can be made regarding the outcome** of treatment.

1. Purpose & Alternatives

I understand that:

- Hyaluronidase is an enzyme used to **dissolve hyaluronic acid filler**.
- It may be administered for **aesthetic correction or in the event of a complication**, including but not limited to:
 - Vascular compromise
 - Infection
 - Inflammatory response
 - Nodules or granulomas
 - Asymmetry or migration
- Pura Medical Aesthetics **recommends no treatment** and prefers filler to naturally break down over **6–12 months** unless a true complication or emergency necessitates intervention.
- My alternative is to **wait for natural breakdown** or to seek treatment from another licensed provider.

2. Off-Label Treatment Disclosure

I acknowledge that:

- Hyaluronidase is FDA-approved for other medical purposes, but **its use for**

dissolving cosmetic filler is off-label.

- Off-label use does not imply inefficacy or danger but is not formally approved by the FDA for cosmetic correction.

3. Risks & Possible Complications

I understand that all hyaluronidase treatments—whether elective or complication-related—carry risks, including but not limited to:

Common Risks

- Redness, swelling, discomfort
- Bruising or bleeding
- Temporary skin irregularities
- Over-dissolving of filler
- Texture changes

Moderate Risks

- Allergic reaction
- Unintended loss of filler in surrounding areas
- Persistent swelling or inflammation
- Asymmetry

Serious Risks (Rare)

- **Severe allergic reaction or anaphylaxis**
- **Infection or tissue injury**
- **Permanent contour irregularities**
- **Scarring or disfigurement**
- **Hospitalization, disability, or death**

I understand that **outcomes cannot be guaranteed**, even in medically necessary situations involving complications.

4. Release Regarding Work Done by Other Providers

I understand and agree that:

- Pura Medical Aesthetics **cannot be held responsible** for filler injected by any previous provider.
 - Undesirable outcomes caused by other injectors are **not the liability** of Pura Medical Aesthetics.
 - I will not hold Pura Medical Aesthetics or any of its medical staff **financially or legally responsible** for any current or past cosmetic work performed elsewhere.
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5. Expectations, No Guarantee & No Refund Policy

I acknowledge that:

- Results **cannot be guaranteed** under any circumstance.
- Results may vary significantly based on anatomy, filler type, duration of filler placement, and individual response.
- Multiple sessions may be required, and additional treatments incur additional cost.
- **No refunds** are provided for services rendered, regardless of outcome or expectation.

6. Legal & Financial Responsibility

I agree that:

- I am financially responsible for all fees associated with this treatment.
- I am responsible for any additional medical care needed due to complications.

- Pura Medical Aesthetics assumes no responsibility for my satisfaction with the outcome.

7. Photography & Documentation Consent

I consent to photographs for:

- Medical documentation
- Progress evaluation
- Education or training purposes

My identity will not be disclosed without my written consent.

8. Non-Disparagement Agreement

I agree **not** to make any negative, harmful, misleading, or disparaging comments about:

- Pura Medical Aesthetics
- Its medical providers, technicians, or staff
- Any products or services

This includes written, verbal, or online statements.
Truthful statements required by law are not restricted.

9. Arbitration Agreement (Harris County, Texas)

Any dispute relating to this agreement shall be resolved through **binding arbitration** administered by the **American Arbitration Association (AAA)**.

I agree that:

- Arbitration will occur in **Harris County, Texas**.
- The decision is **final and binding**.
- Judgment may be entered in any court of competent jurisdiction.

10. Acknowledgment & Acceptance

By signing below, I confirm that:

- I have read and fully understand this consent.
- The procedure, risks, alternatives, and limitations were explained to me.
- All questions were answered to my satisfaction.
- I am a competent adult at least 18 years of age.
- I enter into this agreement freely and voluntarily.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Provider/Witness Signature: _____

Date: _____