

AESTHETIC TREATMENT INFORMED CONSENT, LIABILITY RELEASE & NON-DISPARAGEMENT AGREEMENT

I, the undersigned, voluntarily consent to receive **aesthetic injectable treatment(s)** involving a neuromodulator, dermal filler, biostimulator, or similar injectable substance used for cosmetic enhancement or functional improvement.

For the purpose of this form, “**aesthetic injectable treatment**” refers to *any* medication, solution, biologic, or device delivered by needle injection for the purpose of reducing wrinkles, restoring volume, relaxing muscles, improving contours, or reducing sweating.

I understand that injections may be performed in the face, neck, scalp, or other anatomical areas deemed appropriate by my provider.

1. Nature of Treatment & Off-Label Use Disclosure

I understand that:

- Certain aesthetic treatments are FDA-approved for specific areas only.
- Many commonly treated areas are considered **off-label**, yet widely and safely used in medical and aesthetic practice.
- My provider has explained the intended purpose, expected results, and limitations.
- Multiple treatments may be required to achieve or maintain results.

2. Risks, Side Effects & Potential Complications

I understand that all aesthetic procedures—including neuromodulators, fillers, biostimulators, threads, PRP/PRF, and similar injections—carry risks, including but not limited to:

Common Risks:

- Redness, swelling, tenderness, soreness

- Local bumps, lumps, or contour irregularities
- Bruising, bleeding, or hematoma
- Headache or flu-like symptoms
- Temporary numbness or discomfort

Moderate Risks:

- Infection or abscess
- Rash, itching, or inflammatory reaction
- Facial asymmetry
- Muscle weakness near injection site
- Difficulty blinking or fully closing the eyes
- Visual disturbances
- Unintended spread of the product

Serious Risks (Rare):

- **Severe allergic reaction or anaphylaxis**
- **Respiratory distress or airway compromise**
- **Vascular occlusion leading to skin damage or vision loss**
- **Neurological injury**
- **Severe swelling requiring medical intervention**
- **Hospitalization or permanent disability**
- **Death**

I understand that complications may require emergency treatment, additional procedures, or specialist care at **my own expense**.

3. Medical Disclosure

I affirm that:

- I have provided a full and accurate medical history.
- I have informed my provider of any allergies, previous reactions, medications, medical conditions, or risk factors.
- I am **not pregnant, nursing, or attempting to conceive**.
- I have disclosed any history of breathing issues, swallowing difficulties, autoimmune conditions, or neurological disorders.

4. Financial Responsibility

I understand and agree that:

- I am **fully responsible** for all fees associated with my treatment.
- Additional treatments or corrective procedures incur additional charges.
- **There are no refunds** for services rendered.
- If non-payment occurs, I am responsible for **collection fees, attorney fees, and court costs**.

5. Liability Release & Assumption of Risk

In consideration for receiving aesthetic treatment, I hereby:

Release and forever discharge

the practice, its medical director, owners, providers, injectors, trainees, staff, employees, contractors, and representatives (“Released Parties”)

from any and all claims, damages, injuries, adverse outcomes, dissatisfaction, or complications—**whether known, unknown, expected, or unexpected**—including but not limited to:

- Allergic reaction
- Anaphylaxis
- Infection
- Vascular occlusion
- Vision changes or blindness
- Nerve injury
- Scarring
- Disfigurement
- Emotional distress
- Hospitalization
- Disability
- **Death**

I voluntarily assume **all risks**, including those that are severe or unforeseeable.

I agree to **indemnify and hold harmless** the Released Parties to the fullest extent permitted by law.

6. Photography & Documentation Consent

I authorize clinical photographs for documentation, training, or medical education. Images revealing my identity will **not** be used publicly without my written consent.

7. Non-Disparagement Agreement

I agree **not** to make or publish any false, negative, harmful, misleading, or defamatory statements—verbally, in writing, or online—about:

- The practice

- Its medical providers
- Its staff, services, or treatments

Nothing in this agreement prohibits me from making **truthful statements required by law**.

8. Arbitration Agreement (Optional Nationwide Standard)

Any dispute arising from this agreement shall be settled by **binding arbitration** under the rules of the American Arbitration Association (AAA).

Arbitration will take place in the county where the practice is located unless otherwise required by state law.

The arbitration decision will be **final and binding**.

9. Acknowledgment & Consent

By signing below, I confirm that:

- I have read and understand this entire document.
- The treatment, risks, alternatives, and aftercare have been explained to me.
- I am at least **18 years old** and legally competent to consent.
- All my questions have been answered satisfactorily.
- I voluntarily agree to proceed with aesthetic injectable treatment under these terms.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Provider / Witness Signature: _____

Date: _____