

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

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

For the purpose of this document, Aesthetic National Institute (ANI) refers to the educational and training organization coordinating any “aesthetic injectable treatment” 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 & Possible 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 **outcomes cannot be guaranteed**, even in medically necessary situations involving complications. 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, including elective, corrective, or complication-related care.
- 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:

- Aesthetic National Institute
- Its medical providers, technicians, or staff
- Any products or services provided by or coordinated with ANI

This includes written, verbal, or online statements.

Truthful statements required by law are not restricted.

8. Arbitration Agreement (Optional Nationwide Standard)

Any dispute relating to this agreement, between the patient and the treating practice and/or ANI, shall be resolved through **binding arbitration** under the rules administered by the American Arbitration Association (AAA).

I agree that:

- 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: _____