

Eyebrow Lift with Filler

EYEBROW LIFT WITH FILLER

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DisclaimerTreatment Information: The Eyebrow Lift with Filler procedure involves the injection of filler material into the eyebrows to achieve a lifted and enhanced appearance. The filler material used may vary depending on the practitioner's recommendation and may include hyaluronic acid-based fillers or other approved substances. The procedure aims to improve the shape, symmetry, and overall appearance of the eyebrows.Risks: - Pain, swelling, redness, or bruising at the injection site. - Allergic reactions to the filler material, which may manifest as itching, rash, or swelling. - Infection at the injection site. - Temporary asymmetry or irregularities in the appearance of the eyebrows. - Rare but serious complications such as vascular occlusion, leading to tissue necrosis or blindness, although these risks are extremely rare.Benefits: - Enhanced eyebrow shape and symmetry. - A lifted appearance of the eyebrows, creating a more youthful and refreshed look. - Improvement in self-confidence and satisfaction with one's appearance.I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: - the aims/motivations for having the procedure and the desired outcome - the risks inherent in the procedure - the risks inherent in refusing the procedure - the risks specific to me - the expected benefits of the treatment - the potential disadvantages of the treatment - alternative procedures and their pros and cons - including the option of no treatment at all - any uncertainties about and the likelihood of success of the procedure - any follow-up treatment that may be requiredCLINICAL PHOTOS AND VIDEOS: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records.I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

QUESTIONS

Do you understand the information you have been provided?

Yes No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes No

Has your consent been freely given?

Yes No

Do you have any medical conditions?

Yes No

Are you pregnant or breastfeeding?

Yes No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

Yes No

Do you have an autoimmune disease?

Yes No

Do you have any skin conditions?

Yes No

Do you have any known allergies or have ever had anaphylaxis?

Yes No

Do you have any active infection at the intended site of procedure?

Yes No

Are you taking antibiotics or other prescription medications?

Yes No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.