

Fillmed

FILLMED

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DISCLAIMER

Fillmed is a professional aesthetic brand offering advanced anti-ageing solutions including injectable skin boosters (e.g. NCTF 135HA), dermal fillers (Art Filler), medical-grade peels, and mesotherapy products. These products aim to improve skin texture, hydration, tone, and elasticity, while reducing signs of ageing such as fine lines and volume loss. Depending on the treatment selected, application may involve superficial microneedling, injection, chemical peeling, or topical application.

CONTRAINDICATIONS

You must not proceed with treatment if:

- ☐ You are pregnant or breastfeeding
- ☐ You have a known allergy to hyaluronic acid, lidocaine (if present), or any components in the product
- ☐ You have active skin infections, rashes, or open wounds in the treatment area
- ☐ You have an autoimmune condition, uncontrolled diabetes, or are taking immunosuppressants or anticoagulants (unless cleared by a GP)
- ☐ You have a history of severe allergic reactions or anaphylaxis
- ☐ You have recently undergone other skin treatments (e.g. laser, filler, chemical peel) in the same area without adequate recovery
- ☐ You are under the age of 18

POTENTIAL SIDE EFFECTS AND RISKS

Potential Side Effects and Risks

- ☐ Redness, swelling, or minor bruising at the injection or treatment site is common and typically resolves within 24–72 hours
- ☐ Temporary discomfort, tingling, or tightness in the treated area may occur
- ☐ With injectable treatments, there is a low risk of lumpiness or asymmetry
- ☐ With mesotherapy or peels, there may be mild flaking, sensitivity, or temporary pigmentation changes
- ☐ There is a small risk of infection or allergic reaction
- ☐ With injectable filler, there is a rare but serious risk of vascular occlusion requiring immediate medical intervention
- ☐ All treatments carry a risk of dissatisfaction with the outcome and may require a course of sessions for optimal results

AFTERCARE ADVICE

Aftercare Advice

- ☐ Do not apply makeup or heavy skincare for at least 12–24 hours post-treatment
- ☐ Avoid touching, rubbing, or massaging the treated area unless instructed
- ☐ Avoid alcohol, strenuous exercise, saunas, steam rooms, and sunbeds for 24–48 hours
- ☐ Use a broad-spectrum sunscreen (SPF 30+) daily to protect the skin
- ☐ Avoid other cosmetic procedures in the same area for at least 7–14 days
- ☐ Contact your practitioner if you experience unexpected or prolonged side effects

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 required

CLINICAL 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.

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.