



AK Care
375 Howden Blvd. Unit 2
Brampton, ON L6S 4L6

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Filler Consent Form

I _____ authorize Dr. Khakshae to perform temporary HA filler injection on me.

Indications for procedure

Facial wrinkles and aging

Risks of procedure

Bleeding, bruising, pain, infection, inflammation, asymmetry, not fully improved wrinkles, skin discoloration, lumps, nodules, vascular injury or occlusion, scarring, under correction or overcorrection, need for additional treatments, unpredictable persistence of filler, delayed hypersensitivity, allergic reaction, rarely blindness. These were all explained and my questions were answered.

Photographs

I give my consent for photos to be taken before and after the procedure for documentation. These photos may be shown to other patients or placed on his website or social media (cross out if not consenting).

Anesthesia

I consent to the administration of anesthetics considered necessary or advisable for more comfort. Complications including skin irritation, light-headedness, rapid heart rate, tongue numbness and rarely seizure were explained.

I informed Dr. Khakshae of all my health and medical history requested.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been given to me concerning the results of the procedure and duration of it's effect.

I understand no refund will be given after treatment is received.

I was explained about pre-procedure, procedure and post-procedure care.

Name

Signature & Date