



Consent for the Use of Juvederm/ Juvederm Ultra Plus (hyaluronic acid)

1. I have read all pages contained in this booklet and hereby authorize Dr. Motamedy and/or Marshall Back & Body Wellness Center laser clinician and/or estheticians to use Juvederm/Juvederm Ultra Plus dermal filler on my face and/or body.
2. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained from the use of Juvederm/Juvederm Ultra Plus.
3. I consent to photographic use for medical, scientific and/or educational purposes for the appropriate portions of the face and/or body.
4. For purposes of advancing medical education, I consent to the admittance of observers to the procedure room.
5. It has been explained to me that Juvederm/Juvederm Ultra Plus injections may have possible side effects. Side effects of Juvederm/Juvederm Ultra Plus may include the following: Redness, swelling, tenderness, itching slight bruising, skin discoloration, infection, nerve damage and other minor discomfort at the injection site.
6. I am aware that there are risks to Juvederm/Juvederm Ultra Plus injections that future research may discover and any questions I may have been answered to my satisfaction.

I consent to the use of Juvederm/Juvederm Ultra Plus and understand that Juvederm/Juvederm Ultra Plus is a hyaluronic acid to be used as injectable filler.

Print Name

Patient/Guardian Signature

Date

MD/Provider Signature