

Simply Skin

BY JULIANNA SMITH

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SCULPLLA H2 FILLER TREATMENT INFORMATION AND CONSENT

What is Sculptra Treatment?

The Sculptra H2 treatment uses Poly-L-Lactic Acid and other proprietary ingredients to reduce the appearance of facial lines and wrinkles. It may also reduce the appearance of age-related pigment, refine the texture of the skin and provide an uplifted appearance.

Results are not guaranteed.

My expectations are realistic and I understand that results are not guaranteed. My goal is esthetic improvement, not perfection. Age, lifestyle, heredity and lack of compliance with the home care instructions may decrease the effectiveness of treatments. I understand that the treated area cannot get wet (water, sweat, tears, saliva, steam or products) for 12-hours following the treatment. I understand results are temporary and the duration of the duration of the results is individual and cannot be guaranteed.

Expected results.

I understand I will require a series of 3-5 treatments for optimal results. One (1) treatment lasts five (5) weeks. Three (3) to five (5) treatments lasts five (5) months.

Assumption of risk.

All treatments have inherent risks. I understand that Sculptra treatment risk include but are not limited to increased sensitivity or allergic reaction to any ingredient or component of the treatment materials.

Disclosure of health issues and contraindications.

I have disclosed all allergies, all medications I am taking, skincare products I am current using and/or facial treatments I am currently receiving.

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The following clients cannot receive this treatment:

- Pregnant or lactating woman.
- Clients with active acne.
- Clients with severe rosacea.

Photographs

I consent to the taking of photographs to monitor my treatment results and progress. All photographs shared or published by Simply Skin Clarksville will be altered to protect my anonymity.

Consent

I understand the potential risk, complications and have chosen to proceed with Sculpplla treatment after careful; consideration of the possibility of both known and unknown risks and limitations. I agree that this constitutes full disclosure and it supersedes any previous verbiage or written Sculpplla disclosures. I certify that I have read and fully understand the above paragraphs and I have had sufficient opportunity for discussion to have any questions answered. I also certify that I know there are other treatment options available, including having no treatment at all.

Client Name: _____

Date: _____

Client Signature: _____