Informed Consent – Hyaluronic acid

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Informed consent for the implant of hyaluronic acid

I undersigned_	age
living in	
phone number	
In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later. The consent is personal and it cannot be delegated to the family (if not for minor or under guardianship).	
Hyaluronic acid is a natural polysaccharide present in a aesthetic use, can have animal origin (cook's crests) or substance, unlike collagen, is exempt from risk of allerg level). With hyaluronic acid, it is possible to reduce volumes. It can also increase lips' profile, volume and further than the contract of the co	be produced by synthesis (bacterial fermentation). This ic reactions (as results from a wide literature on a world the depth of wrinkles and increase the subcutaneous
In the following stage after the implant, rarely and for fe appear but they regress spontaneously without any other	
In the following 2-3 days after the treatment, it is in temperatures.	nportant to avoid the exposure to too hot or too cold
The duration of the correction is variable based on the frequency with which the zone of the implant is stimulated; on average we can consider a time of about 6 months, but it can be also less than that and we have to remember that every case varies from patient to patient. The implant of hyaluronic acid is not particularly painful. An anaesthetic lotion is used half an hour before the treatment. Sometime an injective anaesthesia is necessary.	
In literature very rare inflammatory and infective react also after short time.	ions are referred. Some additional touches might occur
The procedures and the used equipments are considered the most suitable from a scientific-medical point of view.	
I declare however to be allergic to these following substances:	
and to have already done the following aesthetic therapies:	
After having taken note of the illustrated situation; I accept the suggested medical procedure	
Date	
Patient's Signature	Doctor's Signature