



BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369

Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127

Juvéderm® Dermal Filler Informed Consent

Client Name: _____

About Juvéderm® Fillers

Juvéderm® is a family of sterile hyaluronic acid (HA) dermal filler gels manufactured by Allergan Aesthetics (an AbbVie company). These fillers are biodegradable and are gradually metabolized by the body.

Juvéderm® filler products that may be used include:

- Juvéderm® Ultra XC
- Juvéderm® Ultra Plus XC
- Juvéderm® Volbella® XC
- Juvéderm® Vollure® XC
- Juvéderm® Voluma® XC
- Juvéderm® Volux® XC
- Any other Juvéderm® hyaluronic acid dermal filler product selected by the provider for my treatment plan

These injections may be used to correct facial wrinkles and folds, restore or enhance facial volume, augment the lips, and/or shape facial contours, as discussed with my provider. FDA-cleared/approved indications vary by specific Juvéderm® product (for example, certain products are indicated for midface volume, lips, cheeks, jawline, or facial wrinkles/folds). Treatment of areas or uses beyond a product's labeled indication is considered "off-label." The off-label aspect of any proposed treatment has been explained to me.

Alternatives

Alternatives to Juvéderm® filler injections include no treatment; other dermal fillers; neuromodulators (such as Botox® Cosmetic); laser skin resurfacing; chemical peels; cosmetics/makeup; and surgical options for wrinkle reduction or contour change. I understand I may decline treatment.

Results

I understand that the actual degree of improvement cannot be predicted or guaranteed. The effect will gradually wear off, and additional treatments may be necessary to maintain the desired result. Duration varies by product,



area treated, and individual factors, and may range from roughly several months up to about one year or longer for some products/areas. More than one injection session may be needed to achieve a satisfactory result.

Risks and Complications

It has been explained to me that there are inherent and potential risks and side effects with any invasive procedure, and with Juvéderm® injections specifically, including but not limited to:

- Post-treatment discomfort, swelling, redness, bruising, discoloration, tenderness, and itching (usually mild and lasting a few days, but can last longer; in rare cases bruising can last months or be permanent)
- Bacterial, viral, and/or fungal infection related to injections through the skin; usually treatable, but in rare cases permanent scarring can occur
- Allergic / hypersensitivity reaction during or after injection
- Recurrence of herpes simplex (cold sores) after lip or perioral injection in patients with a prior history
- Lumpiness, unevenness, or visible irregularities under the skin
- Granuloma formation
- Vascular occlusion leading to localized necrosis and/or tissue sloughing (with or without scabbing), and in rare severe cases vision changes or blindness if product enters blood vessels supplying the eye
- Scarring
- Death is a potential risk with any hyaluronic acid injections
- Need for hyaluronidase or other corrective treatment if complications or undesired results occur

Precautions and Contraindications

I will tell the provider if any of the following apply, as treatment may be delayed, modified, or not recommended:

- Severe allergies or history of anaphylaxis; allergy to hyaluronic acid, lidocaine, or gram-positive bacterial proteins (as applicable to the product)
- Active infection, rash, or inflammation in the treatment area
- Pregnancy or breastfeeding (safety not established; not recommended)
- Bleeding disorder, or use of anticoagulants / medications and supplements that increase bruising or bleeding risk (including aspirin, NSAIDs such as ibuprofen, Aleve, Motrin, or Celebrex; high-dose vitamin E; ginkgo biloba; St. John's wort; fish oil)
- History of keloids, hypertrophic scarring, or poor wound healing
- Recent dental work, facial procedures, lasers, or peels in or near the treatment area
- Autoimmune or connective-tissue disease, or immunosuppression, as discussed with the provider



Client Attestations

By signing this consent, I state and confirm that:

- I have not received any vaccine of any kind in the past 30 days, and I do not plan to receive any vaccine of any kind in the next 30 days.
- I have not had dental cleaning or any dental work in at least the past 30 days, and I will not have dental cleaning or any dental work for at least 30 days after this treatment.
- I am not taking a blood thinner of any kind.
- I do not currently have an outbreak of herpes or cold sores on my face or body.

Anesthesia

I understand local anesthesia may be used to reduce discomfort, and I consent to topical anesthetic and/or injections for nerve block or local infiltrative anesthesia as needed.

Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By signing this form, I confirm that I have received understandable information about Juvéderm® dermal filler treatment, alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Acknowledgment and Consent

I understand the above, have had the risks, benefits, and alternatives explained to me, and have had the opportunity to ask questions. No guarantees about results have been made. To the best of my knowledge, I am not pregnant and I am not breastfeeding. I give my informed consent for Juvéderm® dermal filler injections today as well as future treatments as needed at Beutox Bar LLC and/or Beutox Bar WBL LLC. If I am under 18 years of age, a parent or legal guardian signature is required.

I will follow all aftercare instructions, as doing so is crucial for proper healing. I have received and understand the pre- and post-care instructions.

By signing below, I acknowledge that I have read this informed consent (or had it read to me) and agree to treatment with its associated risks. I hereby give consent to perform this and all subsequent Juvéderm® dermal filler injections with the above understood. I hereby release the ordering/supervising provider, the person



performing the injection(s), and the facility from liability associated with this procedure to the extent permitted by Minnesota law, except for claims arising from negligence or willful misconduct.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature: _____ **Date:** _____

Parent/Legal Guardian Name (if client under 18): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

This consent applies to services provided by Beautox Bar LLC (Maple Grove) and Beautox Bar WBL LLC (White Bear Lake). Juvéderm® is a trademark of its owner and is used here for product identification only.