



Dermal Filler Treatment Re-Consent and Consultation Form

PRINT Name: _____

I have been fully informed by my medical aesthetician and understood the following conditions relating to the treatment of dermal fillers

- I have been given the time to consider the treatment
- I have been provided with sufficient information about the treatment in order to make an informed decision
- All the information I have given to my medical aesthetician regarding my health, medications and skin care products is correct and accurate and there are no changes from my previous treatment consent form

I therefore consent to receiving the described treatment by my treating practitioner:

Signed _____

Date _____