

# LIP FILLER CONSENT FORM

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**Business Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Informed consent form for dermal filler lip injections covering procedure risks, expected results, and post-procedure care.*

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*\* Required fields*

**Full Name \***

*Jane Doe*

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**Email \***

*jane@email.com*

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**Phone Number \***

*(555) 123-4567*

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**Date of Birth \***

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**Emergency Contact Name \***

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**Emergency Contact Phone \***

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**Filler type \***

*Options: Juvederm / Restylane / Versa / Other*

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**Have you had lip filler before? \***

*Options: Yes / No*

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**If yes, when and what product?**

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**Do you have a history of cold sores? \***

*Options: Yes / No*

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**Current medications \***

*Blood thinners, NSAIDs, supplements...*

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**Known allergies \***

*Lidocaine, hyaluronic acid, latex...*

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**Are you pregnant or nursing? \***

Options: Yes / No

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**Medical conditions**

*Autoimmune disorders, bleeding disorders...*

- I understand swelling and bruising are expected for 3-7 days \*
- I understand results are temporary (6-12 months) \*
- I understand filler can be dissolved if needed \*

**Patient Signature \***

*Sign here*

**Date:** \_\_\_\_\_

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**CONSENT / WAIVER**

I consent to dermal filler injection in the lip area using the product described above. I understand that: (1) Swelling, bruising, tenderness, and asymmetry are common in the first 3-7 days; (2) Risks include infection, vascular occlusion, necrosis, granulomas, migration, and allergic reaction; (3) Results are temporary and typically last 6-12 months; (4) Hyaluronidase can dissolve hyaluronic acid fillers if needed; (5) The procedure may activate cold sores in individuals with HSV-1; (6) Final results are visible after swelling resolves (approximately 2 weeks). I have disclosed all medications, allergies, and medical conditions.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_