



RADIANTLIFT® / VOLUMALIFT™ Informed Consent Booklet

INSTRUCTIONS

This is an informed-consent document that has been prepared by Dr. Scheiner to help inform you about the RadiantLift® / Volumalift™ Soft Tissue Filler, non-surgical facelift (Juvederm ultra, Radiesse, Juvaderm ultra plus, Perlane, Restylane™, Versa and other hylauronic acid or collagen fillers). During your consultation, Dr. Scheiner, or Dr. Scheiner's Assistants will have reviewed the potential benefits of the RadiantLift® / Volumalift™, the alternatives and all the risks outlined in this booklet. During the consent discussion process, they will have allowed you to ask any questions about the procedure and provided you with answers to these questions to the best of their ability. It is important that you read the information contained in this booklet again carefully and completely. Only when you have no questions or concerns do you initial each page, indicating that you have read and fully understood all the items it discusses. When you arrive at the end of the booklet, sign the consent for the procedure as proposed by Dr. Scheiner. If you have any remaining questions about the alternatives, proposed benefits or risks involved in your proposed treatment, do not initial or sign the consents without calling the office at 813-877-2020 and speaking with Dr. Scheiner's Assistants or Dr. Scheiner.

INTRODUCTION

A RadiantLift® / Volumalift™ facial or soft tissue injectable is a liquefied, gel like substance that is injected under the surface of the skin, either deep on the facial bones or under the skin. The goal of an injectable is to enhance the aesthetic appearance of the patient receiving the treatment. The soft tissue gel is injected into numerous facial zones to create the topographical elevations and contours that simulate the "fullness of youth", without the pulling associated with a surgical facelift. The soft tissue injectables may be "fillers", such as Juvederm ultra, Radiesse, Juvaderm ultra plus, Perlane, Restylane™, Versa and other hylauronic acid fillers, which fill space under the skin in an attempt to restore the fullness and contours that we once had in youth. As we age, all aging faces suffer from deflation and descent and the RadiantLift® / Volumalift™ is ideal for those patients that desire a natural "lifted" look, without the risks and recovery of a facelift. The RadiantLift® / Volumalift™ can also be performed on the nose, to provide the appearance of a rhinoplasty with correction of a nasal bridge or narrowing of a nasal tip. Of course, the RadiantLift® / Volumalift™ can also be performed in conjunction with other cosmetic surgery procedures.

Restylane™, Perlane, and Juvederm and Versa are injectable form of **Hyaluronic Acid**, a complex sugar and normal constituent of human skin that holds water, providing a plumping effect. The RadiantLift® / Volumalift™ with Restylane™, Perlane, Versa, and Juvederm or Radiesse is genetically engineered and is a temporary injectable with clinical effects lasting anywhere from 6-10 months and will require repeat injections to maintain the desired aesthetic result. These fillers have the advantage of being "off the shelf" meaning the reported incidence of allergic reaction is so low, the manufacturer does not recommend a skin test.

ALTERNATIVE TREATMENT

Alternative forms of treatment consist of not electing to undergo facial or soft tissue injectable treatment. Other surgical alternatives might include any one or a number of cosmetic surgery procedures, such Endoscopic Foreheadlifts or surgical facelifts and/or other implantable products. Each surgical procedure will be associated with its own set of risks and benefits.

POTENTIAL BENEFITS OF THE RADIANTLIFT® / VOLUMALIFT™

The potential benefits of any soft tissue injectable may include lessening the appearance or depth of a wrinkle, furrow, defect or groove, augmenting the size of a facial part, or dampening the activity of a facial muscle, without having to undergo a surgical

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procedure. The goal is to enhance one's appearance and with the RadiantLift® / Volumalift™ Dr. Scheiner's goal is to use his sense of proportion and shape to deliver the necessary soft tissue contours to all aspects of your aging brow, face and jawline.

RISKS OF FACIAL INJECTABLE PROCEDURES

Infection: Any injection, for any reason, carries a small risk of infection. Most infections, should they arise, can be treated with oral antibiotics. Subsequent surgery or drainage may be required and deformity may ensue.

Bleeding/Bruising: Bleeding, bruising and significant swelling can occur as a result of an injectable filler RadiantLift® / Volumalift™ procedure. This may result in bruising or temporary discoloration of the treated area, scabbing, shedding or shallow scarring. To avoid excessive bruising, you should refrain from any Aspirin, Omega 3 fatty Acids (Fish Oil), Ginko Biloba, Garlic, Ginseng, or NSAID products for 21 days leading up to your injection. You should plan on between 1-3 days off work after your RadiantLift® / Volumalift™.

Herpes Simplex (Cold Sores): If you've previously had a facial cold sore (herpes simplex) at the injection site (lips), the RadiantLift® / Volumalift™ lip enhancement might provoke an outbreak. Prophylactic anti-viral medication may reduce this risk, so notify your treatment professional if you are prone to cold sores on your lips.

Skin Scarring: In the rare event you have an ulceration, infection or abscess following your injection, a scar may develop. Scars may be large, unattractive and of a different color than surrounding skin. A subsequent surgical procedure may be required to try to improve the appearance of the scar.

Allergic Reaction: Despite appropriate screening, there is a risk that you may develop an allergic reaction to the Restylane™ used during your RadiantLift® / Volumalift™, or to any local anesthetic that may be used during the procedure to numb the area to be injected. The allergic reaction may be minor or more significant and may be life threatening.

Abscess: In a small percentage of patients, an abscess or small skin boil may develop at the RadiantLift® / Volumalift™ injectable site, which might require drainage. An abscess may result in an unfavorable scar.

Temporary Results: The results of your RadiantLift® / Volumalift™ will be temporary (6-8 months) following the use of Restylane™ and you may repeat the whole injectable lift as needed.

Lumpiness: There is a small risk that the RadiantLift® / Volumalift™ injectable may form a palpable or visible lump under the skin. This lump may be aesthetically displeasing and may be temporary or may not go away. Steroid injection or surgical excision may be required to treat this.

Blurring or Vision or Neurologic Changes: If fillers are injected in the area of the face or around the eye, stroke (neurologic deficits), vision changes including rarely loss of vision and eye injury has been reported.

Hardness: There is a risk that the RadiantLift® / Volumalift™ injectable may feel firm to the touch and unnatural.

Asymmetries/Irregularities: The use of any RadiantLift® / Volumalift™ soft tissue injectable may result in irregularity and/or asymmetry. This irregularity may result in the need for subsequent treatment, which will be at an additional cost and/or, in rare circumstances the irregularities may be permanent.

Acute Pain and Swelling: It should be clear that the injection of the RadiantLift® / Volumalift™ products will cause some swelling, bruising and discomfort. Pain is relative and may be modest or sharp. Dr. Scheiner uses a variety of techniques, from the use of local anesthesia to block certain nerves and then topical anesthesia to minimize pain and discomfort. You should plan on between 1-3 days off work after your RadiantLift® / Volumalift™.

Chronic Inflammation/ Pain: Very rarely your body may react to the RadiantLift® / Volumalift™ injections that causes a red, inflamed lesion (much like a pimple) which takes a long time to resolve, or may never resolve spontaneously. These lesions may also be associated with consistent pain and discomfort. Steroid injection, surgery or other treatments may be required for such reactions following an injection.

Dissatisfaction With Your Results: You may be disappointed with the cosmetic improvement or longevity achieved with your RadiantLift® / Volumalift™. You may require multiple treatments to achieve the desired result or maintain it, again at an additional per milliliter of product cost.

Immune Reaction: There is a small chance of developing an autoimmune reaction to the filler agents.

Pregnancy/Lactation: Although with all facial injectables, there are no proven increased risks associated with pregnancy or lactation, you are advised to postpone your RadiantLift® / Volumalift™ treatment if you are, or may be, pregnant or until you have completed breast feeding.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical procedures such as RadiantLift® / Volumalift™. Health related complications that may arise from such treatment are usually covered by all insurance plans. Please carefully review your health insurance subscriber-information pamphlet, if you have a private insurance carrier.

ADDITIONAL TREATMENT NECESSARY

There are many variable conditions, in addition to risks and potential complications that may influence the long-term result from your facial injections. Even though risks and complications occur infrequently, the risks cited in this booklet are particularly associated with facial injectables and the RadiantLift® / Volumalift™ procedure. Other complications and risks can occur but are even more uncommon. Should complications occur, additional treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, as to the results that may be obtained. Infrequently, it is necessary to perform additional treatments to improve results.

FINANCIAL RESPONSIBILITIES

These procedures are considered cosmetic and, therefore, are not covered by insurance. The patient is responsible for payment. Additional costs may occur should a complication develop from treatment.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed RadiantLift® / Volumalift™ treatment of a disease or condition such as facial aging and soft tissue deflation and dissection, as well as the treatment facial wrinkles, furrows or hypoplastic (underdeveloped) facial features, along with disclosure of risks and alternative treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

What Dr. Scheiner and/or his Assistants have discussed with you, and included in this booklet, are the material risks both common and uncommon, that they feel a reasonable person would want to know, understand and consider in trying to decide if facial injectables and the RadiantLift® / Volumalift™ are a cosmetic procedure they would like to undergo.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your doctor or Assistant may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information contained on this and all preceding pages carefully and have all of your questions answered before signing the consent on the next page. Questions and concerns can be answered by contacting the office at 813-877-2020, and speaking with Dr. Scheiner or one of our Dr. Scheiner's Assistants.



Consent for Procedure and/or Treatment

I have received the following information/informed consent booklet for:

RadiantLift® / Volumalift™ with Hyaluronic Acid Fillers or Radiesse

1. I hereby authorize Dr. Scheiner to perform the following procedure and/or treatment:
RadiantLift® / Volumalift™ with Hyaluronic Acid Fillers or Radiesse.
2. I recognize that during the course of the procedure/treatment unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and/or assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthesia considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing of appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by them.
6. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
7. I understand that the signature of the witness (if a non-physician) on this document indicates only that the signing of my name has been observed and not that the witness has necessarily provided information regarding the procedure.
8. **IT HAS BEEN EXPLAINED TO ME BY MY PHYSICIAN AND/OR ASSISTANTS IN A WAY THAT I UNDERSTAND:**
 - i.* THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - ii.* THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - iii.* THERE ARE RISKS TO THE PROCEDURE/TREATMENT PROPOSED
 - iv.* ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-8).
I AM SATISFIED WITH THE EXPLANATION.**

Patient or Person Authorized to Sign for Patient Please Print Name Here

DATE WITNESS