

SCULPTRA® CONSENT FORM

SCULPTRA® is an injectable implant that contains microparticles of L-Poly-Lactic Acid, a biocompatible, biodegradable synthetic polymer from the alpha-hydroxy-acid family. Please initial each statement as it applies to you.

1. I understand that I should not use this product if I am allergic to subcutaneous, absorbable suture material. _____
2. I understand that this product needs to be reconstituted at least 2 hours before use, therefore I agree to put a deposit of \$500.00 before my appointment in case I have to cancel and the product is wasted. _____
3. I understand that this product is FDA approved in the United States for the treatment of facial lipodystrophy in HIV+ patients who are taking anti-retroviral medications. I understand that this product has been used in Europe and South America for years for soft tissue augmentation / volume repletion. I understand that the use of this product for soft tissue augmentation / volume repletion in the United States is considered an "off-label" use of this product. _____
4. I understand that the injection procedure reactions are: bruising, hematoma formation, discomfort and erythema. _____
5. I understand that the risks of these injection procedure reactions are greater if I have been drinking any alcohol, taking any aspirin or NSAIA's (such as Advil, Motrin, Ibuprofen, Naproxen, Aleve, etc.), or taking large doses of Gingko Biloba or more than 400 IU of Vitamin E per day. _____
6. I understand that the most common device related adverse effect is the delayed occurrence of subcutaneous papules, which were confined to the injection site and were typically palpable (could be felt), asymptomatic and non-visible. _____
7. I understand that I need to apply ice to the areas which are treated for 10-15 minutes each hour for the first 6-8 hours. _____
8. I understand that it takes several weeks to see the effects of this treatment, and the appropriate way to do this is to "treat, wait and reassess" in 4-6 weeks. _____
9. I understand that several vials of Sculptra® may be necessary to achieve the results I desire _____

Signature

Date

Witness

Date