Sculptra Consent Form

I hereby confirm that my practitioner gave me sufficient information to enable me to understand the use of Sculptra.

In accordance with his explanations:

1. I have read and understood the patient information on the Sculptra brochure.
2. I have received information about the contra-indications of Sculptra and its potential adverse effects, including inflammatory reactions, hematoma formation and nodules.
3. I understand that precautions after an injection are part of my treatment and I undertake to follow the advice given to me by my practitioner.
4. I understand that post treatment massage is an important part of my treatment and I commit to following my practitioner's advice.
5. I also had the opportunity to my practitioner questions regarding the treatment and the responses I received gave me full satisfaction.
6. The questionnaire regarding my medical history was completed by my doctor fully, completely and accurately, and I had the opportunity to ask my doctor to explain to me the terms I did not understand.
7. I have been informed that the results obtained after treatment with Sculptra may vary depending on the individual and are not guaranteed.
8. My practitioner took pictures of my face before the start of the treatment to assess its effects.

I confirm I was properly informed and hereby consent to the treatment with Sculptra.

Signed:

Date: