Simply Fox

Consent to the Use of Hyalase

Patient Name: _____ DoB: _____

Please tick *yes* or *no* to the following questions:

	Yes	No
Are you pregnant or breastfeeding?	○	○
Have you a history of anaphylaxis? If yes, please specify:	○	○
Are you currently receiving any medical treatment? If yes, please specify:	○	○
Please list any aesthetic treatments you have received:		
Do you suffer from any allergies? especially eggs or bee stings? If yes, please specify:	○	○
Do you have a cutaneous infection or inflammatory problems? (e.g. acne, herpes etc.) if yes, please specify:	○	○
Are you taking any steroids, aspirin or anticoagulant? If yes, please specify:	○	○

I hereby consent to the administration of Hyaluronidase in a treatment to assist in the breakdown of a Hyaluronic Acid Dermal Filler. Hyaluronidase is a drug that has the potential to speed reabsorbtion of Hyaluronic Acid Dermal Fillers. While many single treatments have been successful, there is no guarantee that the dermal filler will be dispersed fully after one treatment and may require further treatments.

Local irritation, infection, bleeding and bruising have been reported, but very rarely. Allergic reactions have been reported but very rarely.

I confirm that I have completed the medical questions above, read and understood the information above and in the data sheet for Hyaluronidase.

I consent to Emma or David Arnold administering this treatment.

Patient Signature:_____ Date: _____