



DR. *Kevin*  
CAMPBELL'S  
AESTHETICS

## Informed Consent for Dermal Fillers

Aesthetic treatment is a non-surgical procedure that aims at improving the cosmetic appearance of a selected patient. Dermal fillers are products containing Hyaluronic acid, which is found naturally in most areas of the human body. In the face, it serves to provide local nutrients and keep cells hydrated. The duration depends on the patient and the quantity used. **Please disclose all medical treatments actively being taken/used. There exists a risk of infection at the site of injection for all patients.**

### Contra-indications

- Known hypersensitivity/allergy to previous filler agent
- Presence of inflammation/ infection at the proposed site.
- Possible inflammatory reaction if combined with a chemical peel or laser treatment on the same site
- Pregnancy
- Drugs of interaction: antibiotics, blood thinners
- Patients with excessive scarring and/or immunosuppression

I understand that I can withdraw this consent at any time prior to the commencement of treatment and that any subsequent decision relating to refusal of continued treatment, including top-ups, will have an effect on the achievement of the treatment.

I, \_\_\_\_\_, confirm that I have read, understood, and

I agree with the conditions mentioned above.

*I also acknowledge that I read the pre-and post-care instructions on  
[www.drkevincampbellsaesthetics.com](http://www.drkevincampbellsaesthetics.com).*

I confirm that I understand the risks of possible complications inherent to Dermal Fillers.

I declare that I am of sound mind at the time of signing this agreement and that I am not under duress.

I hereby give permission for the agreed aesthetic procedure.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\*\* I agree to the processing of my health and personal information in or to provide me with proper treatment, care, and/or for the administration of the institution or professional practice concerned. This consent would extend to responsible parties acting as service providers to the institution or professional practice concerned.  
This practice is POPI act compliant.

Thank you for making use of Dr. Kevin Campbell's services.

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