

# JUVÉDERM® XC Consent Form

*Note: To be completed prior to treatment.*

Please circle the appropriate product(s), sign, and file in the patient record.

I have read the information titled (circle one or both) "About JUVÉDERM® Ultra XC" and/or "About JUVÉDERM® Ultra Plus XC" in its entirety and have discussed the risks and benefits of dermal filler treatment with my physician and his/her representative. I understand the information provided. I agree to my being treated with (circle one or both) JUVÉDERM® Ultra XC and/or JUVÉDERM® Ultra Plus XC.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have discussed the risks and benefits of dermal filler treatment with this patient, have answered his/her questions, and find him/her an appropriate candidate for treatment with (circle one or both) JUVÉDERM® Ultra XC or JUVÉDERM® Ultra Plus XC.

Signature of Physician or Physician's Representative \_\_\_\_\_ Date \_\_\_\_\_

**For further questions and information, please call Allergan Product Support at 1-877-345-5372.**



©2009 Allergan, Inc. ™ mark owned by Allergan, Inc.  
JUVÉDERM® mark owned by Allergan Industrie, SAS.  
[www.juvederm.com](http://www.juvederm.com)  
Re-order: LDOC-03987-01 902927



