



I have read the information titled “About Juvederm Ultra Plus XC” / Juvederm Voluma XC” in its entirety and have discussed the risks and benefits including not receiving any treatments at all. I also understand that “beauty is in the eye of the beholder” and cosmetic results are both objective and subjective and, as such, neither we nor the product manufacturer guarantee any specific results. I understand the information provided. I agree to my being treated with Juvederm Ultra Plus XC/Juvederm Voluma XC”. By also signing below gives your consent to this initial and all periodic treatments thereafter.

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 Juvederm Ultra Plus XC.

Signature of Physician or Physician's Representative: _____ Date: _____