

Liquid Rhinoplasty Consent

The purpose of a liquid rhinoplasty is to temporarily enhance the shape and contour of the nose using injectable dermal fillers. This non-surgical procedure is performed to improve the nasal profile, correct minor asymmetries, and achieve aesthetic balance without altering nasal function or requiring invasive surgery.

Understanding the Risks and Benefits

I understand the goal of this surgery is to improve nasal aesthetic outcomes. I also understand that:

- **Risks** may include pain/discomfort, bleeding, infection, scar, bruising, swelling, nodules, asymmetry, irregularity, injection into blood vessels which could cause skin death/blindness/stroke, filler migration, need to dissolve filler in the future, poor cosmetic outcome, and early filler absorption.
- Rare but serious risks include major complications or even death.

Alternatives to Injection

I understand that I have options, including:

- No treatment
- Rhinoplasty surgery

Each has its own risks and benefits, which have been discussed with me.

Patient Acknowledgment

I've had the chance to ask questions, and all answers were clear. By signing, I agree to have the procedure done and understand everything explained above.

Post-Injection Instructions

Following these instructions will help your healing process and reduce the chance of complications:

What to Expect After Injection

- **Minor swelling:** Redness, swelling, and bruising are common after treatment but usually resolve in 1-3 days. Apply an ice pack to the injection site.

When to Call the Office or Visit the ER

- Severe or worsening swelling and bruising
- Severe bleeding
- Skin Color changes-May be a sign of blood vessel problems
- Vision changes

Medications

- Pain Management: Pain should be minimal to mild after the procedure and can usually be treated with Tylenol or Ibuprofen
 - Avoid taking NSAIDs: Stop taking any NSAIDs such as Advil, Motrin, Ibuprofen, Celebrex, Aleve, Naproxen 2 weeks prior to treatment.

_____: Patient Initials

Kevin Caceres, MD

1615 Pasadena Ave South Suite 220 Saint Petersburg, Florida 33707

Phone (727) 870-3223 Fax (727) 870-4223

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Patient Name:

DOB:

MRN:

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Avoid Smoking & Alcohol

- **No smoking:** Slows healing and increases risks
- **Avoid alcohol:** For at least 2 weeks, as it interferes with healing and medications

Patient Acknowledgment

By signing below, I confirm that:

- I have read or had this form explained to me
- I understand the risks, benefits, and alternatives
- I agree to follow all post-operative instructions
- I consent to the procedure by Dr. Caceres and his team

Patient / Agent / Guardian Signature

Witness Signature

Date Signed

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