

Sculptra Consent

1. I understand that sanofi-aventis U.S. LLC ("sanofi-aventis") is the sponsor of a certain program intended to train physicians on the safe and effective use of Sculptra® and/or Sculptra® Aesthetic. Sculptra® is intended for restoration and/or correction of the signs of facial fat loss (lipoatrophy) in people with human immunodeficiency virus. Sculptra® Aesthetic is indicated for use in immune-competent people as a single regimen for correction of shallow to deep nasolabial fold contour deficiencies and other facial wrinkles in which deep dermal grid pattern (cross hatch) injection technique is appropriate.

2. Prior to treatment I discussed and reviewed the risks and benefits of Sculptra® or Sculptra® Aesthetic (as applicable) with my physician, Dr. Gayner. I fully understand these benefits and risks. Dr. Gayner has addressed all of my questions about Sculptra® or Sculptra® Aesthetic and/or treatment. Dr. Gayner has provided me with sufficient time to weigh and consider this information about Sculptra® or Sculptra® Aesthetic therapy and the information set forth in this written informed consent.

3. Sculptra® Aesthetic should not be injected while I have an active skin infection or inflammation in the treatment area. Side effects of Sculptra® and/or Sculptra® Aesthetic may include the delayed appearance of small lumps under the skin in the treated area. Generally these lumps are not visible and may only be noticed when pressing on the treated area. Larger lumps, with or without inflammation, have also been reported in clinical studies. Other side effects may include injection-related events at the site of injection, such as bleeding, tenderness or discomfort, redness, bruising or swelling.

4. Sculptra® and/or Sculptra® Aesthetic should not be injected in the red area of the lip or in the skin near the eyes. I understand that there are increased risks of complications associated with such use.

5. I understand that I am free to refuse Sculptra®/ Sculptra® Aesthetic treatment or to discontinue Sculptra®/Sculptra® Aesthetic treatment at any time and that I will not be penalized in any way or denied appropriate medical care for making such a decision. .

6. I read and signed this informed consent form prior to my Sculptra® or Sculptra® Aesthetic treatment.