

Sculptra Treatment Consent

Sculptra Treatment Consent

(Aesthetics)

Date:

Patient Information

- **Patient Name:** {{patient_first_name}} {{patient_last_name}}
- **Date of Birth:** {{patient_birthdate}}

Treatment Information

I understand that I will be receiving Sculptra (poly-L-lactic acid) injections to restore facial volume by stimulating collagen production. Sculptra is an FDA-approved injectable that gradually replaces lost collagen for results that can last up to two years.

Consent Statements

Please initial each statement:

1. I understand the nature of Sculptra treatment.
2. I understand the potential risks and benefits.
3. I have been informed of alternative treatments.
4. I understand that results are not guaranteed and develop gradually.
5. I will follow all post-treatment instructions.

Signatures

Patient Signature: _____ **Date:**

Provider Signature: **Date:**

Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co., Primary Medical of IN, P.C.

Form Complete



Signature Certificate

Sculptra Treatment Consent

Unique Document ID:

7ce72a0cdddee0e457649e887ee288da9a8487af

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.



Luis Escobar

Party ID: 897e5ab7-b744-4827-a910-b5c87923ba2a

Awaiting signature

Timestamp

December 31, 1969 7:00 pm
UTC

January 29, 2026 3:56 pm EDT

Audit

Document
Uploaded by ENNU - ennu-appointments@enu.co
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Document sent for signature to Luis Escobar -
l_esco@icloud.com



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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