LEAF MEDX Medical Centre — UROMAX
Service Provider / Billing: Maxwell Professional Corporation
Dr. John-Michael Maxwell, B.H.Sc.Kin, M.D., CCFP
#108 6202 29 Avenue, Beaumont, AB T4X 0H5 | Tel: 780-737-5773 / 780-737-1700 | www.uromax.ca

Penile Hyaluronic Acid Dermal Filler — Informed Consent

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PRODUCT DETAILS

PRODUCT NAME / BRAND

MANUFACTURER

VOLUME TO BE USED (ML)

LOT NUMBER

EXPIRY DATE

HEALTH CANADA LICENSED INDICATION

PURPOSE AND NATURE OF TREATMENT

I am requesting an injectable hyaluronic acid (HA) dermal filler procedure intended to increase penile girth. The filler is placed beneath the penile skin using a cannula. The amount, location, and number of passes are individualized. More than one treatment session and later maintenance or touch-up treatment may be required. No particular size, appearance, symmetry, duration, or degree of satisfaction is guaranteed.

The dermal filler product identified above is licensed by Health Canada for use in the face (its licensed indication is noted in the product details section above). Use for penile augmentation is **off-label**. Published safety and effectiveness data specific to penile HA filler are limited; most evidence comes from case series and clinical experience rather than large randomized controlled trials. The clinician has explained the proposed product, the off-label status, the state of the evidence, and reasonable alternatives, including choosing no treatment.

This consent form covers hyaluronic acid filler only. If a non-HA or longer-lasting filler product is proposed at any time, a separate consent form will be provided, as removal of non-HA products may not be possible.

EXPECTED COURSE

- The treatment area will be cleansed and a topical and/or local anaesthetic will be applied. Risks of the local anaesthetic, including allergic reaction, are noted below.

- Filler will be introduced in small amounts through a cannula and may be gently moulded after placement.
- Temporary swelling, tenderness, bruising, redness, firmness, or unevenness can occur and are expected in the short term.
- Post-procedure restrictions and follow-up instructions will be provided separately in writing.

MATERIAL RISKS AND POSSIBLE COMPLICATIONS

The following is a comprehensive list of recognized risks. Most patients tolerate the procedure well; this list is provided so you can make a fully informed decision.

- **Pain, bruising, bleeding, swelling, redness, itching, tenderness, or prolonged oedema.**
- **Infection or abscess** at the injection site, which may require antibiotics, drainage, or medical attention.
- **Delayed healing, skin breakdown, scarring, or pigment change.**
- **Lumps, nodules, firmness, or granuloma formation** — an inflammatory reaction to a foreign substance that may develop weeks to months after treatment and may require dissolution, steroid injection, or other management.
- **Asymmetry, contour irregularity, migration, or visibility/palpability of filler**, which may require revision treatment or dissolution.
- **Unsatisfactory cosmetic result** — outcomes are subjective and vary between patients; a specific appearance cannot be guaranteed.
- **Inflammatory or hypersensitivity reactions**, including delayed reactions. Allergic reaction to the local anaesthetic (lidocaine or similar) is also possible.
- **Vascular compromise** from compression or inadvertent entry of filler into a blood vessel, which can cause tissue ischaemia or necrosis and may require urgent treatment including dissolution with hyaluronidase.
- **Altered penile sensation**, discomfort with erection or intercourse, temporary changes in erectile quality, or sexual dysfunction.
- **Fibrosis or permanent penile contour change** in rare cases.
- **Need for additional corrective treatment, revision, or dissolution** with hyaluronidase. Dissolution is possible for HA filler when clinically indicated; it is not guaranteed to fully restore the pre-treatment appearance.
- **Rare or unforeseen complications**, including complications requiring medication, drainage, surgery, emergency treatment, or hospital care.

Important — Rare Risk of Filler Embolism to the Lungs

Rarely, filler can enter a vein and travel through the bloodstream to the lungs (pulmonary embolism). This is potentially life-threatening. It can occur during any treatment session, including a session after one or more earlier treatments caused no problems. If filler has reached the lungs, hyaluronidase cannot dissolve filler located there.

CALL 911 IMMEDIATELY if you develop chest pain, shortness of breath, a racing heartbeat, coughing up blood, dizziness, or fainting after treatment.

Patient initials confirming this risk has been read and understood: _____

CONTRAINDICATIONS AND SCREENING

Treatment may not be appropriate if you have any of the following. You must disclose all relevant conditions to Dr. Maxwell before proceeding:

- Active infection, skin condition, or inflammation in or near the treatment area
- Known allergy to hyaluronic acid, lidocaine, or any component of the filler product
- Bleeding or clotting disorders, or current use of anticoagulant medications (unless cleared in writing by your prescribing physician)
- Previous penile surgery, implant, or significant scarring in the treatment area
- Active or recent penile disease, including Peyronie's disease (case-by-case assessment required)
- Cardiovascular or pulmonary conditions that may increase procedural risk
- Age under 18

EMERGENCY DISSOLUTION CONSENT

I consent to the use of hyaluronidase to dissolve filler if Dr. Maxwell determines that a complication (including vascular compromise) requires urgent dissolution. I understand that hyaluronidase is itself an injectable agent and carries its own small risk of allergic reaction.

AFTER-HOURS CONTACT

For non-emergency concerns following your procedure, contact UROMAX at **780-737-5773** or **info@uromax.ca**. For any emergency symptoms — including those listed in the pulmonary embolism warning above — call 911 immediately.

FINANCIAL TERMS

The quoted procedure fee is all-inclusive and covers the consultation, filler product, procedure, and one follow-up visit. Additional treatment sessions, revision procedures, or dissolution are not included and will be quoted separately. Financing is available through Beautifi, subject to credit approval. Cosmetic procedures are not covered by the Alberta Health Care Insurance Plan (AHCIP); the full cost is the patient's responsibility. No refund is provided for a completed procedure.

PRIVACY AND HEALTH INFORMATION

Your personal health information is collected, used, and protected in accordance with Alberta's *Health Information Act* (HIA) and applicable privacy legislation. Information is used for your care and for billing purposes. It will not be shared with third parties without your consent except as required by law. Photographs or measurements may be recommended for clinical documentation; separate written permission is required for any non-clinical use, including educational or marketing purposes.

PATIENT ACKNOWLEDGEMENTS

- I have disclosed all relevant medical conditions, medications, allergies, prior penile procedures or fillers, and any history of bleeding, infection, clotting, cardiovascular or pulmonary problems, or healing problems.
- I understand the procedure is off-label and that published evidence specific to penile HA filler is limited.
- I understand that references to this procedure as "reversible" mean that dissolution with hyaluronidase is possible when clinically indicated — not that full restoration of the pre-treatment appearance is guaranteed.
- I have had the opportunity to ask questions and to take time to consider my decision. I was not pressured to proceed and I am making this decision voluntarily.
- I agree to seek prompt medical assessment for severe or increasing pain, marked discolouration, rapidly increasing swelling, fever, drainage, difficulty urinating, or other concerning symptoms, and to call 911 for the emergency symptoms listed above.
- I confirm that I have received a copy of this signed consent form.

By signing below, I confirm that the procedure, alternatives, expected benefits, limitations, off-label status, limited evidence base, material risks — including the separately initialled risk of pulmonary embolism — financial terms, and privacy practices have been explained to me in language I understand, and that I consent to proceed.

PATIENT FULL NAME (PRINT)

DATE OF BIRTH

CHART / PATIENT ID

PATIENT SIGNATURE

DATE

TIME

CLINICIAN NAME (PRINT)

CLINICIAN SIGNATURE

CLINICIAN DATE

CLINICIAN TIME

WITNESS NAME AND SIGNATURE (OPTIONAL)