



INFORMED CONSENT- BOTULINUM TOXIN (A)

BOTULINUM TOXIN (A) BRAND NAMES MAY INCLUDE, BUT ARE NOT LIMITED TO: BOTOX®, VISTABEL®, DYSPORT®, AZZALURE®, XEOMIN®, AND BOCOUTURE®

Informed Consent Instructions: This is an informed consent document to provide written information about the above named procedure regarding risks, benefits, and alternatives. It is important that you understand the information provided to you prior to proceeding with this procedure; please ask your healthcare professional any/all questions prior to signing this consent form.

I read, write, and understand English.:[Signature]

I, [PatientName], do understand that I will be injected with Botulinum Toxin (A) in the areas agreed upon with [ProviderName], to partially paralyze these muscles temporarily. These may include muscles associated with the glabella, forehead, crow's feet, sad lines, upper lip, chin, and platysmal bands.

Purpose of Treatment and General Information:

Botulinum Toxin (A) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows and lateral canthal lines (crow's feet) in adults.

Injection of Botulinum Toxin (A) into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles.

I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. Signature: **[Signature]**

Alternative Treatments:

Alternative forms of management include not treating the skin wrinkles by any means. Improvement of skin wrinkles may be accomplished by other treatments or alternative types of surgery such as a blepharoplasty, face or brow lift when indicated. Minor skin wrinkling may be improved through chemical skin peels, lasers, injection of filling material, or other skin treatments. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

It has been explained to me that other temporary and more permanent treatments are available. Signature:**[Signature]**

Possible Risks and Side Effects:

The possible side effects and risks of Botulinum Toxin (A) include but are not limited to:

1. General Side Effects: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, allergic reaction, local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain, or irritation of the skin may occur.

2. Infection: Infection is extremely rare after Botulinum Toxin (A) injection. Should an infection occur, additional treatment including antibiotics may be necessary.

3. Bleeding/Bruising: It is possible, though unusual, to have a bleeding episode from a Botulinum Toxin (A) injection. Bruising in soft tissues may occur. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba, and other “herbs / homeopathic remedies” may contribute to a greater risk of a bleeding problem. Do not take these for ten days before or after Botulinum Toxin (A) injections.

4. Headache: Although many people with chronic headaches or migraines often get relief from Botulinum Toxin (A), a small percentage of patients get headaches following treatment with Botulinum A Toxin for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.

5. Migration of Botulinum Toxin (A): While local weakness of the injected muscles is representative of the expected pharmacological action of Botulinum Toxin (A), weakness of adjacent muscles may occur as a result of the spread of the toxin, including to eyelid area, which could cause drooping of eyelid (ptosis) and double vision).

6. Dry Eye: Individuals who normally have dry eyes may be advised to use special caution in considering Botulinum Toxin (A) injections around the eyelid region.

7. Corneal Exposure: Some patients experience difficulties closing their eyelids after Botulinum Toxin (A) injections and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments, protective eye drops, contact lenses, or surgery may be necessary.

8. Neuromuscular Disorders: Patients with peripheral motor neuropathic disorders (amyotrophic lateral sclerosis, myasthenia gravis, motor neuropathies) may be at greater risk of clinically significant side effects from Botulinum Toxin (A) Injections.

9. Pregnancy and Nursing Mothers: Animal reproduction studies have not been performed to determine if Botulinum Toxin (A) could produce fetal harm. It is not known if Botulinum Toxin (A) can be excreted in human milk. It is not recommended that pregnant women or nursing mothers receive Botulinum Toxin (A) treatments.

10. Allergic Reactions: As with all biologic products, allergic and systemic anaphylactic reactions may occur. Allergic reactions may require additional treatment. This list is not meant to be inclusive of all possible risks associated with Botulinum Toxin (A), as there are both known- and unknown- side effects associated with any medication or procedure.

I have read and understand possible risks, side effects, and complications Signature: [Signature]

Unsatisfactory Results:

1. Treatments: I understand more than one injection may be needed to achieve a satisfactory result

2. Asymmetry: As Botulinum Toxin (A) injections are not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botulinum Toxin (A) than others. In most cases this uneven appearance can be corrected by injecting additional Botulinum Toxin (A) in the same- or nearby- muscles. However, in some cases, this uneven appearance can persist for several weeks or months

I have read and understand possibility of unsatisfactory result and/or asymmetry. Signature: [Signature]

No Guarantee of Results:

The number of units injected is an estimate of the amount of Botulinum Toxin (A) required to paralyze the muscles. I understand there is no guarantee of results of any treatment.

I have read and understand results are not guaranteed. Signature: [Signature]

Financial Responsibility:

I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

I have read and understand I am financially responsible for services rendered. Signature: [Signature]

Aftercare:

I have received or have access to and will follow, all aftercare instructions provided.
Signature: [Signature]

Consent:

I have fully disclosed on my client intake form any medications, previous complications, or current conditions that may affect my treatment. I have read the foregoing informed consent for Botulinum Toxin (A) injections and agree to the treatment with its associated risks. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained. I will follow all aftercare instructions, as it is crucial to do so for healing, and to minimize the risk of complications. I consent to the photographing of the procedure(s) to be performed, including appropriate portions of my body for medical, scientific, or educational purposes, (does not include promotional or advertising consent) provided that my identity is not revealed by the pictures. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room. It has been explained to me in a way that I understand: The above treatment or procedure to be undertaken. There may be alternative procedures or methods or treatment. There are risks, known and unknown, to the procedure or treatment proposed. I hereby give consent to perform this, and all subsequent Botulinum Toxin (A) Injection Treatments, with the above understood. I hereby release the physician, the person injecting the Botulinum Toxin (A), and the clinic facility from liability associated with this procedure.

By signing below, I acknowledge and agree:

Patient Name: [PatientName] Patient Signature [RequiredSignature] Date [CurrentDate]

Treatment Liability Waiver:

I acknowledge that beauty treatments, the practice of skin care, including, but not limited to, microablation, microdermabrasion, waxing, electrolysis, facial toning, body treatments, laser treatments, brown spot removal, Botulinum Toxin (A) injections, Collagen, Dermal Fillers, Sclerotherapy, Mesotherapy, Dermaplaning, and various other beauty procedures is not an exact science and no specific guarantees can, or have been made, concerning the outcome.

I further understand that some clients experience more change and improvement than others. In nearly all cases, multiple treatments are required to achieve desired results or see a difference in appearance. I understand that response to treatment varies on an individual basis and that specific results are not guaranteed.

I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, and change in skin pigmentation, allergic reaction, and bleeding. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insured's, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

Patient Name: [PatientName] Patient Signature [RequiredSignature] Date [CurrentDate]