

**CONSENT TO BOTULINUM TOXIN “A” TREATMENT Product: \_\_\_\_\_**

**Botulinum Toxin “A” is a neurotoxin produced by the bacterium Clostridium A. For Cosmetic purposes, botulinum toxin is FDA approved for the temporary treatment of moderate to severe dynamic frown lines in adults aged 18-65 years and is used off-label for all other cosmetic treatments areas.**

Botulinum Toxin “A” is diluted and injected into the muscles with a very thin needle, it is almost painless. The procedure takes about 15-20 minutes.

**RISKS AND COMPLICATIONS**

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: **Post treatment discomfort, swelling, redness, and bruising, Double Vision , weakened tear duct, Post treatment bacterial, and/or fungal infection requiring further treatment , Allergic reaction , Minor temporary droop of eyelid(s), eyebrow (s), or corner of the mouth in approximately 2% of injections, this usually lasts 2-3 weeks , Occasional numbness of the forehead, lasting up to 2-3 weeks, Transient headache, and Flu-like symptoms may occur.**

**PHOTOGRAPHS**

I authorize having photographs taken of me and that they may be used as an aid in my treatment, in marketing, or study reporting purposes and that any photographs taken will remain the property of the facility. I understand that my identity will be kept strictly confidential. I also understand that these photographs will help document the progress of my treatment. I hereby authorize and consent to the above-described photography.

**PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE**

I am not aware that I am pregnant. I am not trying to get pregnant, I am not Lactating (nursing). I do not have any significant Neurological disease (s) including but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS). I do not have or am not aware that I have any allergies to the toxin ingredients, or to human albumin (human blood products), and have never had a reaction to Botulinum Toxin “A” in the past.

**RESULTS**

I understand that effects generally appear in 2 – 10 days and that can take 2 weeks to fully develop and that these effects can last 3-4 months, but can be shorter or longer.

**PAYMENT**

I understand that this procedure is an “elective” cosmetic procedure and that payment is my responsibility. Payment in full for all treatments is required at the time of service and is non-refundable. I understand that No refunds will be given for treatments received.

**CONSENT**

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I understand that results are not guaranteed and I accept the risks and complications of the procedure. I have been informed about potential benefits, limitations, complications, alternative treatments and post treatment instructions. I certify if any changes occur in my medical history I will notify the office. I release **PHI CLINIC** and the professional performing the procedure from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed.

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Patient Name (please print)

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Patient Signature

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Date