

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. Initials: _____

I, _____, do understand that I will be injected with Botulinum Toxin (A) in the areas agreed upon with Felina Brown, APRN or Melissa Reidy, RN 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. **Initials:** _____

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. **Initials:** _____

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.

Possible Risks and Side Effects (continued):

- 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. **Initials:** _____

Unsatisfactory Result:

- 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.* **Initials:** _____

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. **Initials:** _____

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. **Initials:** _____

Aftercare:

I have received, and will follow, all aftercare instructions provided. **Initials:** _____

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Consent continued on next page

Consent:

By signing below, I acknowledge and agree:

- 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) InjectionTreatments, 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.

_____	_____	_____
Patient Name (Print)	Patient Signature	Date
_____	_____	_____
Witness Name (Print)	Witness Signature	Date

Model Release:

In consideration for treatment received, I hereby grant permission to the individual or company that provided my treatment to use any photographic treatment records for the purposes of advertising or promotion (including, but not limited to: social media, print ads, online publications, websites, etc,without any additional compensation to me.

- | | | |
|--|--|---|
| <input type="checkbox"/> Yes , I consent to using my before/after photos as described above without concealing my identity. | <input type="checkbox"/> Yes , I consent to using my before/after photos as described, showing Treatment Area Only . Please conceal my identity. | <input type="checkbox"/> No , please do not use my photos for any promotional or advertising purposes. |
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_____	_____	_____
Patient Name (Print)	Patient Signature	Date

CLIENT ACKNOWLEDGEMENT AND RELEASE

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.

Covid-19 and Communicable Diseases

Acceptance of Risk; Release; Indemnification. I am fully aware that there are a number of risks associated with me entering on the **Your Clinic Name** property during the COVID-19 pandemic under the circumstances of receiving treatments, including without limitation: (a) I could contract COVID-19 or other diseases such as the flu or legionnaires disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death; and (b) I will be subject to normal risks associated with general exposure to viruses and other communicable diseases.

By signing below, I acknowledge and agree:

I have carefully read the information on this page and understand that I may be giving up some important legal rights by signing.

Patient Name (Print)

Patient Signature

Date

Witness Name (Print)

Witness Signature

Date

BOTULINUM A TOXIN- POST TREATMENT INSTRUCTIONS

Do NOT:

1. **Do NOT** massage or apply pressure on the treated area for 6-8 hours after treatment since Botulinum Toxin (A) may migrate to areas of undesirable effectiveness.
2. **Do NOT** lie down for 5-6 hours after treatment; also **Do NOT** lean forward and cook over a hot stove during this timeframe.
3. **Do NOT** engage in yoga or other rigorous exercise activities, extensive sun or heat exposure, and alcoholic beverages for the 1st 24 hours after treatment. This may cause temporary redness, swelling, and/or itching at the sites of the injection.
4. **Do NOT** receive facials or visit saunas for 24 hours after treatment. These activities will increase the chance of your blood pressure rising and increase the chance of minor and temporary bruising.
5. **Do NOT** take Advil, Aspirin, Aspirin containing products, Vitamin E, Ginger, Ginko, Bilboa, Ginseng, and Garlic for 1 week since this may increase the risk of bruising.
6. **Do NOT** apply Makeup for the first 12 hours after the treatment.

Please DO:

1. Keep your head UPRIGHT for at least 5-6 hrs after injection to help avoid issues of migration.
2. Try to exercise your treated facial muscles for about 2 hours after treatment. Facial exercises include: practice frowning, raising your eyebrows or squinting. This helps to work Botulinum A Toxin into your muscles. Performing these facial exercises will NOT negatively impact your treatment if you don't do this.
3. Headaches are common; if you have a headache it is recommended that you **avoid aspirin or aspirin containing products**. You may opt instead to use Motrin, Tylenol, and/or cool compresses. *If headaches continue or worsen, contact your physician.*
4. Cold compresses may be used 10 minutes on 10 minutes off to reduce swelling 2-3x per day during the 1st 1-2 days if needed.
5. Note that any bumps or marks will go away within a few hours. If you do develop a bruise, it will resolve like other bruises you have had in about a week. There is occasionally some mild pain, swelling, itching, or redness at the site of injection similar to most other injections. Redness may last for 1-2 days, rarely longer. **You may apply cold compresses or acetaminophen (Tylenol) to reduce swelling or discomfort.**
6. You may shower and do most other regular daily activities.

Important Info:

- Results of your treatment may take up to 14 days to take full effect.
- Botulinum A Toxin is a temporary procedure. In most people, the benefits of Botulinum A Toxin can last about 6 months. Sometimes a few wrinkles may start to return in 2-3months. The effectiveness of Botulinum A Toxin will last longer with successive treatments.
- Initially, your injector may want to see you between 2-4 weeks for a brief "touch-up" and checkup of the procedure.
- If you allow Botulinum A Toxin to completely wear off, it is difficult for the doctor or injector to be able to see how your individual muscles reacted and therefore optimal results for your face can be more difficult to achieve.

For questions or concerns during office hours, please call: 000-000-0000

In case of emergency, call 911.