

INFORMED CONSENT FOR BOTULINUM TOXIN

My signature and initials after each statement below constitutes my acknowledgement that:

1. I, _____, consent to and authorize G.Lo Aesthetics, PLLC, in College Station on _____ (date), the use of Botulinum Toxin (as an elective procedure) to improve general aesthetic appearance.		Initial: _____
2. I am fully aware of the risks of complications or injuries that can occur from the injection of Botulinum Toxin , both from known and unknown causes, and I freely assume those risks. <u>Known complications could include:</u>		Initial: _____
*Redness, swelling, edema, pain, or pressure lasting more than one week	*Repeated treatments may lead to permanent loss of muscle tone in the treated area(s) & some patients may develop antibodies to botulinum toxin	
*Nodules or induration at the injection site	*Bruising	
*Discoloration of the injections site	*Poor effect	
*Allergic reactions	*Facial asymmetry, temporary paralysis leading to droopy eyelid	
*The effects of BOTOX are apparent 2-5 days after treatment & can take up to 2 weeks for the full effect	*Weakness or flu-like symptoms	
*The effects of BOTOX can last for up to 3-4 months	*Visual problems, dry eye	
3. I, _____, consent to and authorize G.Lo Aesthetics, PLLC, in College Station on _____ (date), the use of Dermal Fillers (as an elective procedure) to improve general aesthetic appearance.		Initial: _____
4. I am fully aware of the risks of complications or injuries that can occur from the injection of Dermal Fillers , both from known and unknown causes, and I freely assume those risks. <u>Known complications could include:</u>		Initial: _____
*Redness, swelling, edema, pain, or pressure lasting more than one week	*Allergic reactions	
*Nodules or induration at the injection site	*Poor effect or weak filling	
*Discoloration of the injections site	*In extremely rare cases, skin necrosis or "death of skin" may occur as a result of injection into a blood vessel. This may result in blindness, financial costs, extended care, and scar formation.	
5. The nature and purpose of the above elective treatment(s) has been explained to me and my questions regarding the treatment have been answered to my satisfaction.		Initial: _____
6. I understand that surgery or other treatment alternatives may be as effective or more effective in reducing the appearance of wrinkles.		Initial: _____
7. I have not received any cosmetic injections within the last two weeks.		Initial: _____
8. For Botulinum Toxin: I certify that I do not have any of the known conditions that would contraindicate treatment: including hypertrophic scars, history of autoimmune disease, immune therapy. I am not pregnant, I am not breast-feeding, I am not planning a LASIK procedure in the next month, and I have no known allergy to botulinum toxin or latex gloves. I am not allergic to eggs or milk protein.		Initial: _____
9. For Dermal Fillers: I certify that I do not have any of the known conditions that would contraindicate treatment: including hypertrophic scars, a history of autoimmune disease, vascular disease, HIV or AIDS, immune therapy, or psychiatric disease. I am not pregnant, I am not breast-feeding, I have no known allergy to Hyaluronic acid or anesthetic agents (including but not limited to Lidocaine) or Latex gloves.		Initial: _____
10. No guarantee, warranty, or assurances have been made regarding the treatment results.		Initial: _____
11. I understand that the results are of temporary nature, and subsequent or future treatments will be needed to maintain improvement. I agree to adhere to all safety precautions described here including:		Initial: _____
*Avoiding prolonged sun or UV exposure	*Avoiding steam baths for 2 weeks after injections	
*Avoiding saunas for two weeks after injections	*Avoiding makeup for at least 12 hours after injections	
12. I agree to pay G.Lo Aesthetics, PLLC for the product injected and procedures performed today.		Initial: _____
I certify that I have read this entire informed consent and that I understand and agree to the information stated on this form. I certify that I am a competent adult of at least 18 years of age. This informed consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns. I agree that any picture taken of my treatment site may be used for publication and teaching purposes, however, my name will not be disclosed (unless I've provided permission in writing) and all reasonable attempts to maintain confidentiality will be made.		
AGREED AND SIGNED:		
I attest the above information to be true, knowing my practitioners rely on this information to provide the most safe and effective treatment.		
Print Name:		
Signature:	Date:	