



**Glo Aesthetics, PLLC**  
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INFORMED CONSENT FOR VOLUNTEER/MODEL FOR BOTOX, FILLER, OR QWO INJECTIONS. Please Initial next to each statement that applies to your procedure and sign at the bottom.

1. Botox _____	I, _____, consent to and authorize KELLY GRILLO, MD or CLINT SHERROUSE, RN, LMT to perform a treatment of facial wrinkles with Botox.
2. Fillers _____	I, _____, consent to and authorize KELLY GRILLO, MD or CLINT SHERROUSE, RN, LMT to perform a treatment of facial aging/laxity with dermal fillers.
3. QWO _____	I, _____, consent to and authorize KELLY GRILLO, MD or CLINT SHERROUSE, RN, LMT to perform a treatment of cellulite with QWO.
4. All _____	The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction.
5. All _____	I understand surgery or other treatment alternatives may be as effective or more effective in reducing the appearance of wrinkles, cellulite and aging skin.
6. All _____	I am fully aware of the risks of complications or injuries than can occur from this treatment, both from known and unknown causes, and I freely assume those risks (listed below for each procedure-please initial as appropriate).
7. Botox _____	Known complications of Botox include redness, swelling/edema, itching, pain or pressure, nodules or induration at injection site, discoloration at injection site, poor effect, allergic reaction, bruising, facial asymmetry, paralysis leading to droopy eyelid and/or double vision, weakness or flu-like symptoms, dry eyes. The effects are apparent 2-5 days posttreatment, peak at 2 weeks, and usually last 4-6 months. Repeated treatment may lead to permanent loss of muscle tone in the treated area.
8. Filler _____	Known complications of Dermal fillers include redness, swelling/edema, itching, pain or pressure, nodules or induration at injection site, discoloration at injection site, poor effect, allergic reaction, bruising, facial asymmetry. 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.
9. QWO _____	Known complications of QWO include redness, swelling/edema, itching, pain or pressure, nodules or induration at injection site, discoloration at injection site, poor effect, allergic reaction, hyperpigmentation. 85% of patients report significant bruising in the area of injections, which is usually reduced with subsequent injections.
10. ALL _____	I certify that I have none of the known conditions that would contraindicate treatment, including autoimmune disease, hypertrophic scars, or immune therapy. I am not pregnant. I have no known allergy to _____ Botox. _____ Dermal Fillers or Hyaluronic acid. _____ QWO

14.Fillers_____	I have no history of vascular disease or HIV, and no allergy to lidocaine or other anesthetic agents.	
11.ALL_____	I certify that I have read this entire consent, and that I am at least 18 years of age and I am a competent adult. This informed consent is freely and voluntarily executed.  I agree that any photos or videos taken of my treatment site may be used for publication, however, my name will not be disclosed, and complete confidentiality of my identity will be maintained.	
12.ALL_____	No guarantee, warranty or assurance has been made as to the treatment results.	
13.ALL_____	I will hold Glo Aesthetics, PLLC, Kelly Grillo, MD, and Clint Sherrouse, RN, LMT, completely harmless from all and any litigation or claims made should I have any adverse reaction to Botox, hyaluronic acid dermal fillers, or QWO, and agree that they have the right, under all circumstances and without penalty, to not perform the procedure should the decision be made.	
14.ALL_____	I understand that the results are of a temporary nature, and more treatments will be necessary to maintain improvement. I agree to adhere to all safety precautions described here including:	
<b>Botox:</b> No laying down or reclining for 4 hours after injection, no scratching or rubbing the injected area. No bending forward for 4 hours. No make up for 1-2 hours.	<b>Dermal fillers:</b> avoid excessive massage, rubbing of the area. Avoid extreme exercise for 24 hrs. and sun/heat for 72 hrs. Minimize alcohol and salt intake. Cool compresses, Tylenol, and elevation as needed for swelling.	<b>QWO:</b> Discontinue aspirin two days before procedure. Avoid scratching, rubbing the area. Ice packs and Spanx or other compression leggings for the first 72 hours. Avoid alcohol, excessive heat or exercise for the first 48-72 hours.
15.ALL_____	This agreement is non-transferable and may not be altered by anyone without expressed written consent. Further, this agreement does not expire.	
16.ALL_____	I agree to pay _____ for the above-mentioned services.	
12.Botox_____	I am not planning a LASIK procedure in the next month.	
13.Botox_____	I am not allergic to eggs or milk protein	

Patient Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

