

# C O N S E N T   F O R M

## B O T U L I N U M   T O X I N

I, ..... [Your Full Name], hereby provide my informed consent to undergo Botulinum Toxin (Botox Cosmetics, Dysport, Xeomin, etc.) injections at [Clinic/Medspa/Salon Name], hereafter referred to as "the Provider." I acknowledge that Botox is a cosmetic procedure aimed at diminishing the appearance of wrinkles and fine lines by temporarily immobilizing facial muscles.

**Details of the Procedure:** The purpose of the Botox treatment is to diminish the appearance of wrinkles and fine lines in the designated areas. Botox will be administered to specific facial muscles using a fine needle, with injection sites determined based on the treatment plan discussed with the provider. I understand that the effects of Botox are temporary, typically lasting between 3 to 6 months, with full results becoming evident within two weeks post-treatment.

**Potential Side Effects:** I acknowledge the potential side effects associated with Botox injections, including but not limited to temporary bruising, swelling, or redness at the injection site, headaches, elevated or arched eyebrows, drooping of the eyelid or eyebrow, uneven smile, drooling, facial asymmetry, dry eyes or excessive tearing, temporary weakness or paralysis of nearby muscles, and increased sensitivity to sunlight.

**Risks and Complications:** I understand that while complications from Botox injections are rare, they may include infection at the injection site, scarring, spread of the toxin to nearby muscles causing unintended weakness or paralysis, swallowing and breathing difficulties, vision problems, double vision, dizziness, and rare but severe allergic reactions, including anaphylaxis.

**Pregnancy and Breastfeeding Status:** I confirm that I am not presently pregnant or breastfeeding. I am aware that Botox treatment is contraindicated during pregnancy or breastfeeding due to potential risks to the embryo, fetus, or infant.

**Post-Treatment Care:** I agree to adhere to the post-treatment care instructions provided by the Provider. The Provider has thoroughly explained post-treatment care, and I commit to following these instructions diligently.

### C O N S E N T   A N D   A G R E E M E N T

I consent to the taking of photographs of my face for personal use. These photographs will be used solely to document my treatment progress and for before-and-after comparisons. I understand that these photographs will be kept confidential and will not be shared or used for any other purposes without my explicit consent.

I have read and understand the information provided in this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I consent to undergo Botox treatment with full knowledge of the potential risks, complications, and side effects.

.....  
CLIENT NAME - PRINTED

.....  
CLIENT - SIGNATURE

.....  
DATE

# C O N S E N T   F O R M

## D E R M A L   F I L L E R

I, ..... [Client's Full Name], hereby give my consent to undergo dermal filler injections at [Clinic/Medspa/Salon Name] (referred to as "the Provider"). I comprehend that dermal fillers are cosmetic procedures aimed at enhancing facial features by adding volume, contour, and shape or promoting collagen production through the injection of substances like hyaluronic acid, Sculptra (Poly-L-lactic acid), or Radiesse (Calcium hydroxylapatite) into the skin or facial tissues.

**Purpose:** The purpose of the dermal filler treatment is to enhance facial features, restore volume, diminish the appearance of wrinkles and fine lines, or stimulate collagen production in the treated area(s).

**Procedure:** Dermal fillers will be administered to specific facial areas using a fine needle or cannula. The selection of injection sites and filler type may vary based on the treatment plan discussed with the provider.

**Expected Results:** I acknowledge that while some effects of dermal filler treatment may be immediate, the complete outcome typically is apparent over the next 2-3 weeks. Additionally, the duration of these results can range from several months to a year and may vary depending on the specific type of filler utilized and individual factors. Achieving the desired outcome may necessitate multiple sessions, and individual responses to treatment may differ.

**Treatment Plan:** I acknowledge that the provider may propose a treatment plan involving multiple sessions to achieve optimal results. The provider will communicate this plan to me and address any questions or concerns I may have.

**Potential Side Effects:** I acknowledge that dermal filler injections may have potential side effects, which may include, but are not limited to, temporary bruising, swelling, or redness at the injection site, itching or discomfort, tenderness, and pain at the injection site, lumps or irregularities at the injection site, granuloma formation, filler migration, asymmetrical results, and allergic reactions.

**Risks and Complications:** While complications from dermal filler injections are uncommon, they may include inflammation, infection, scarring, vascular occlusion, skin necrosis, or blindness.

**Pregnancy and Breastfeeding Status:** I confirm that I am not currently pregnant or breastfeeding. I understand that dermal filler treatment is contraindicated during pregnancy or breastfeeding due to potential risks to the embryo, fetus, or infant.

**Post-Treatment Care:** I agree to adhere to the post-treatment care instructions provided by the provider. The provider has thoroughly explained these instructions, and I commit to following them diligently.

### C O N S E N T   A N D   A G R E E M E N T

I consent to the taking of photographs of my face for personal use. These photographs will be used solely to document my treatment progress and for before-and-after comparisons. I understand that these photographs will be kept confidential and will not be shared or used for any other purposes without my explicit consent.

I have read and understand the information provided in this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I consent to undergo Botox treatment with full knowledge of the potential risks, complications, and side effects.

CLIENT NAME - PRINTED

CLIENT - SIGNATURE

DATE