

BOTULINUM TOXIN POST-TREATMENT INSTRUCTIONS

Please review and adhere to the following post-treatment guidelines in preparation for your botulinum toxin appointment. The following restrictions are in place to minimize the risk of any potential complications

- Do not raise your body temperature for 4 hours following treatment (no exercise, hot tubs, saunas, being out in the sun, etc.). It takes about 2-4 hours for the neurotoxin to bind to the nerve in order to start working and an increase in internal body temperature or sweating can make the neurotoxin treatment ineffective.
- Avoid touching or manipulating the treated areas for 4 hours. In addition, do not lie down within this timeframe. We want the neurotoxin to stay in the muscles that it was specifically placed to avoid poor outcomes like a dropped eyebrow or eyelid. This also includes no facials, chemical peels, or massages after treatment.
- Avoid wearing hats, visors, headbands or anything on the head that has the potential to move the neurotoxin
- It will take about 24 hours for all of the injection sites to heal. To avoid infection, avoid wearing makeup on the day of the treatment. The face can be washed like normal at night (at least 4 hours post-treatment).
- Neurotoxin treatments typically start to take effect around 2-10 days, but everyone is different. Please give the neurotoxin a full **2 weeks** to take effect before deciding if you need more. Don't love it or hate it for 2 weeks!
- Be sure to schedule a 2-week follow-up appointment so your injector can

BOTULINUM TOXIN PRE-TREATMENT INSTRUCTIONS

Please review and adhere to the following pre-treatment guidelines in preparation for your botulinum toxin appointment. The following restrictions are in place to minimize the risk for any potential complications

- Patient must be in good health with no active skin infections in the treatment area
- Avoid alcoholic and caffeinated beverages at least 24 hours prior to treatment. Alcohol may thin the blood which will increase the risk of bruising.
- Avoid anti-inflammatory / blood thinning medications ideally, for a period of two (2) weeks before treatment and for a few days following treatment. Medications and supplements such as Aspirin, Vitamin E, Ginkgo Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS all cause thinning of the blood and can increase the risk of bruising/swelling after injections.
- Schedule botulinum toxin appointments at least 2-4 weeks prior to a special event to avoid having bruising on the day of your event.

assess your results and perform any enhancements if needed. It is not recommended to inject beyond 2 weeks post-treatment, so please ensure that you keep this appointment.

- Neurotoxin appointments should be scheduled every 3-4 months to maintain the best results.

Product	Doseage (units)	Syringe Volume
Botox		
Onabotulinum A		
(1) Glabella		
(2) Forehead		
(3) Crows' Feet		
(4) Chin		
(5) Jawline		
(6) Neck		
(7) Back		
(8) Arms		
(9) Legs		
(10) Buttocks		
(11) Thighs		
(12) Ankles		
(13) Feet		
(14) Hands		
(15) Fingers		
(16) Toes		
(17) Nails		
(18) Hair		
(19) Skin		
(20) Teeth		
(21) Gums		
(22) Lips		
(23) Mouth		
(24) Throat		
(25) Neck		
(26) Chest		
(27) Back		
(28) Arms		
(29) Legs		
(30) Buttocks		
(31) Thighs		
(32) Ankles		
(33) Feet		
(34) Hands		
(35) Fingers		
(36) Toes		
(37) Nails		
(38) Hair		
(39) Skin		
(40) Teeth		
(41) Gums		
(42) Lips		
(43) Mouth		
(44) Throat		
(45) Neck		
(46) Chest		
(47) Back		
(48) Arms		
(49) Legs		
(50) Buttocks		
(51) Thighs		
(52) Ankles		
(53) Feet		
(54) Hands		
(55) Fingers		
(56) Toes		
(57) Nails		
(58) Hair		
(59) Skin		
(60) Teeth		
(61) Gums		
(62) Lips		
(63) Mouth		
(64) Throat		
(65) Neck		
(66) Chest		
(67) Back		
(68) Arms		
(69) Legs		
(70) Buttocks		
(71) Thighs		
(72) Ankles		
(73) Feet		
(74) Hands		
(75) Fingers		
(76) Toes		
(77) Nails		
(78) Hair		
(79) Skin		
(80) Teeth		
(81) Gums		
(82) Lips		
(83) Mouth		
(84) Throat		
(85) Neck		
(86) Chest		
(87) Back		
(88) Arms		
(89) Legs		
(90) Buttocks		
(91) Thighs		
(92) Ankles		
(93) Feet		
(94) Hands		
(95) Fingers		
(96) Toes		
(97) Nails		
(98) Hair		
(99) Skin		
(100) Teeth		



Diagnosis and Treatment Plan

Patient Information

Patient Name: _____ Date: _____

Treating Doctor Name: _____

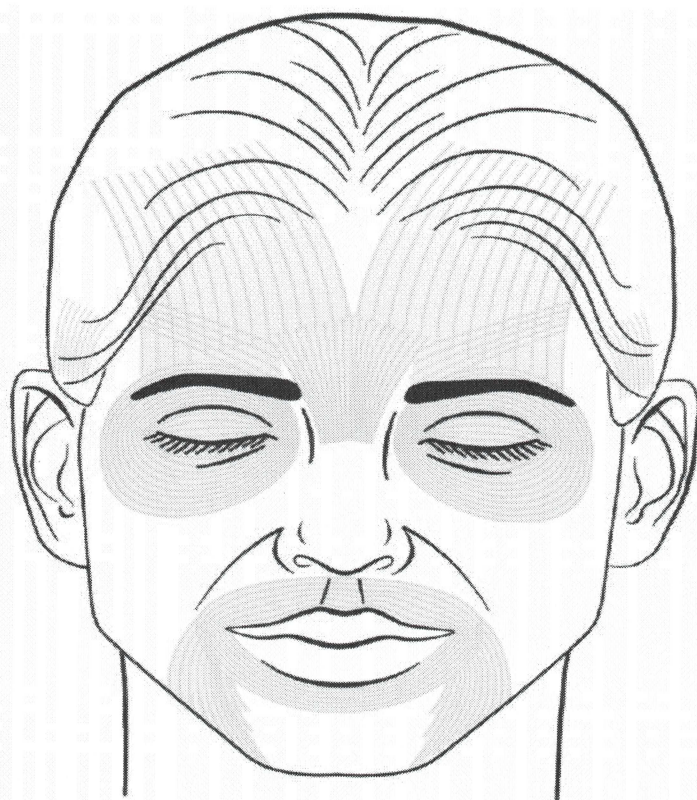
Health History Completed? Yes ☐ No ☐ Date: _____ Doctor Initial: _____

Dental / Head and Neck Examination Completed? Yes ☐ No ☐ Date: _____ Doctor Initial: _____

Informed Consent Completed? Yes ☐ No ☐

Diagnosis ICD-10 Codes (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> K03.0 Excessive attrition | <input type="checkbox"/> M26.60 TMJ disorders | <input type="checkbox"/> M79.1 Myalgia |
| <input type="checkbox"/> K03.81 Cracked tooth | <input type="checkbox"/> M26.63 TMJ disc disorder (reducing/non-reducing) | <input type="checkbox"/> M60.9 Myofascial pain |
| <input type="checkbox"/> K06.0 Gingival recession | <input type="checkbox"/> M26.69 TMJ sounds opening/closing jaw | <input type="checkbox"/> M79.2 Neuralgia, neuritis, facial |
| <input type="checkbox"/> M26.00 Anomalies of jaw size | <input type="checkbox"/> M26.9 Dentofacial anomalies | <input type="checkbox"/> S03.4XXA Jaw sprain |
| <input type="checkbox"/> M26.11 Maxillary asymmetry | <input type="checkbox"/> K13.0 Diseases of lips | <input type="checkbox"/> G44.209 Tension headache |
| <input type="checkbox"/> M26.12 Jaw asymmetry | <input type="checkbox"/> K13.70 Cheek/Lip biting | <input type="checkbox"/> G43.109 Migraine with aura |
| <input type="checkbox"/> M26.52 Orofacial dyskinesia | <input type="checkbox"/> K08.419 Loss of teeth trauma | <input type="checkbox"/> G43.009 Migraine without aura |
| <input type="checkbox"/> M26.53 Limited range of motion | <input type="checkbox"/> G47.63 Sleep related bruxism | <input type="checkbox"/> G43.811 Cluster headache |
| <input type="checkbox"/> M26.53 Deviation opening closing | <input type="checkbox"/> M62.40 Muscle spasm | <input type="checkbox"/> R51 Headache |
| <input type="checkbox"/> M26.50 Dentofacial abnormal fx | <input type="checkbox"/> G50.1 Atypical facial pain | <input type="checkbox"/> F45.8 Bruxism |
| <input type="checkbox"/> K08.109 Loss of teeth | <input type="checkbox"/> R25.0 Trismus | <input type="checkbox"/> G50.0 Trigeminal neuralgia |
| | | <input type="checkbox"/> _____ Other |



Muscle	Dosage (in units)	Syringe Volume
Frontalis		
Glabella		
(L) Orbicularis oculi		
(R) Orbicularis oculi		
Orbicularis Oris		
(L) Temporalis		
(R) Temporalis		
(L) Masseter		
(R) Masseter		

Total units needed: _____

INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT

PATIENT _____

DATE OF BIRTH _____

ADDRESS _____

PHONE _____

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

THE TREATMENT

Botulinum toxin (Botox® and similar agents) is a neurotoxin produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); c) forehead wrinkles; d) radial lip lines (smokers lines), e) head and neck muscles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results can last up to 3 months. With repeated treatments, the results may tend to last longer.

Initial _____

RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. 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: 1. Post treatment discomfort, swelling, redness, and bruising, 2. Double vision, 3. A weakened tear duct, 4. Post treatment bacterial, and/or fungal infection requiring further treatment, 5. Allergic reaction, 6. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 7. Occasional numbness of the forehead lasting up to 2-3 weeks, 8. Transient headache and 9. Flu-like symptoms may occur.

Initial _____

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenis gravis, multiple sclerosis, lambert-eaton syndrome, amyotrophic lateral sclerosis (ALS), and parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin. Initial _____

ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

Initial _____

PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. Initial _____ RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. Initial _____

INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT

TRAINING COURSE

I understand that I have volunteered to be a model patient in a training course and the doctor/healthcare professional who will be treating me has had limited experience with the method of treatment. Initial _____

I hereby indemnify the American Academy of Facial Esthetics LLC from any liability relating to the procedures that I have volunteered for. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. Initial _____

I hereby indemnify the facility/meeting room/hotel where this treatment is being performed from any liability relating to the procedures that I have volunteered for. Initial _____

PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. During courses given by Common Sense Dentistry and/or The American Academy of Facial Esthetics (AAFE), I understand that photographs and video may be taken of me for educational and marketing purposes. I hold the AAFE harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs. Initial _____

RESULTS

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2 – 10 days and usually lasts up to 3 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. I understand that I will not be able to use the muscles injected as before while the injection is effective but that this will reverse after a period of months at which time re- treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area (s) of the injections for the 2 hours post-injection period. Initial _____

I understand this is an elective procedure and I hereby voluntarily consent to treatment with botulinum toxin injections for facial dynamic wrinkles, TMJ dysfunction, bruxism and types of orofacial pain including headaches and migraines. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

Patient Name (Print) Patient Signature Date

Health History Completed? Yes ☐ No ☐ Date: _____ Doctor Initial: _____

Dental / Head and Neck Examination Completed? Yes ☐ No ☐ Date: _____ Doctor Initial: _____

I am the treating doctor/healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

Doctor Name (Print) Doctor Signature Date