



Patient Consent Form

Purpose of Treatment:

I request treatment with botulinum toxin (Botox or similar product) to temporarily reduce the appearance of facial lines and wrinkles. I understand the goal is cosmetic improvement only.

FDA Status and Off-Label Use:

Botulinum toxin is FDA approved for certain facial areas. Treatment in other areas may be considered off label. Off-label use is common in medical practice and may be recommended based on professional judgment.

Expected Results:

Results typically begin within 3 to 7 days and last approximately 3 to 4 months. Results vary by individual. I understand:

- Results are temporary
- Multiple treatments may be required
- No guarantee has been made regarding the outcome or satisfaction

Procedure Information

The treatment involves small injections into targeted muscles to temporarily relax muscle activity and soften lines.

Possible Risks and Side Effects:

I understand that all medical procedures carry risks. Potential side effects include, but are not limited to:

- Redness, swelling, tenderness, or bruising at injection sites
- Headache or flu-like symptoms
- Asymmetry or uneven results
- Temporary eyelid or brow drooping
- Dry eyes or excessive tearing
- Infection or allergic reaction (rare)
- Unintended muscle weakness near the treatment area

Although extremely rare, botulinum toxin effects may spread beyond the injection site. I will seek immediate medical attention if I experience difficulty swallowing, speaking, breathing, vision changes, or generalized muscle weakness.

Contraindications:

I confirm that:

- I am not pregnant or breastfeeding
- I do not have a known allergy to botulinum toxin or its components
- I do not have a neuromuscular disorder (such as myasthenia gravis, ALS, or similar conditions)
- I have disclosed my full medical history and current medications

Botulinum Toxin ('Botox') Cosmetic Treatment Consent

Beauty By ME

Megan Eppens, FNP-BC



Alternative Treatments:

I understand alternative treatments may include no treatment, dermal fillers, skincare, laser treatments, or surgical options.

Post-Treatment Responsibility:

I agree to follow all aftercare instructions and understand that individual healing and results may vary.

Financial Responsibility:

I understand that cosmetic treatments are elective and not covered by insurance. Payment is my responsibility at the time of service.

Acknowledgment and Consent:

I certify that:

- I have read and understand this information
- I have had the opportunity to ask questions
- All questions have been answered to my satisfaction
- I voluntarily consent to treatment with botulinum toxin

I understand that this consent applies to current and future treatments unless withdrawn in writing.

I release and hold harmless Beauty By ME, LLC and Megan Eppens, FNP-BC from liability for known and unknown risks associated with this procedure, except in cases of gross negligence or misconduct.

Patient or Legal Guardian Printed Name

Patient or Legal Guardian Signature

Date:

Provider Signature

Date: