**BOTOX** ®**, DYSPORT**® **(Cosmetic Botulinum Toxin Type A) & XEOMIN**® **(Incobotulinum toxin A)**

Patient Information and Consent Form

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To the Patient being full informed about BOTOX® Cosmetic (onabotulinumtoxinA), DYSPORT® (abotulinumtoxinA) or Xeomin® (incobotulinumtoxinA) [BOTOX®, DYSPORT® & XEOMIN® for future reference] will help you make a decision whether or not to undergo a BOTOX®, DYSPORT® & XEOMIN® treatment. This disclosure is not meant to alarm you; it is simply an effort to provide you the proper education so that you may give an informed consent for this treatment.*

BOTOX®, DYSPORT® & XEOMIN® injections have been used for more than a decade to improve muscle spasms around the eye. It has also been used for other neuromuscular uses such as migraine headaches and bladder incontinence. BOTOX®, DYSPORT® & XEOMIN® are approved by the FDA to improve the appearance of the vertical lines between the brows. Injections in other areas of the face to improve the appearance of lines have been reported in the literature however the FDA has not approved the use of BOTOX®, DYSPORT® & XEOMIN® in the additional areas. The results of BOTOX®, DYSPORT® & XEOMIN® are usually dramatic with a high percentage of patient satisfaction. Nonetheless, please be informed that the practice of medicine is not an exact science and people could react differently to the medicine, therefore no guarantees may be made concerning the expected results.

The BOTOX®, DYSPORT® & XEOMIN® solution is injected with a tiny needle through the skin and into the muscle. Within the next two to seven days the BOTOX®, DYSPORT® & XEOMIN® will bind to the motor nerve terminals resulting in a localized reduction of the muscle activity. The muscle will not move thereby prevent the ability to create wrinkle lines on the surface. Please note that the results of BOTOX®, DYSPORT® & XEOMIN® are temporary and typically last between three and four months.

The most common side effects of BOTOX®, DYSPORT® & XEOMIN® are headache, respiratory infection, flu symptoms, temporary eyelid droop, temporary bruising at injection site and nausea. BOTOX®, DYSPORT® & XEOMIN® should not be used if there is an infection at the injection site or if there has been a previous hypersensitivity reaction to BOTOX®, DYSPORT® & XEOMIN® or to any of the components in the formulation. In some cases, the effects of the botulinum toxin may affect areas of the body away from the injection site which could lead to muscle weakness, double vision, hoarseness, difficulty speaking, loss of bladder control, difficulty breathing or swallowing. These symptoms can occur hours, days or weeks after you receive an injection of BOTOX®, DYSPORT® & XEOMIN®. *Please note that no definitive serious adverse event reports of distant spread of toxin effect associated with the dermatologic (cosmetic) use of BOTOX® at the labeled dose of less than 100 units have been reported.* Nonetheless, in patients with pre-existing conditions such as neuromuscular disorders, swallowing disorders or breathing difficulties and/or pre-existing cardiovascular disorders, there have been adverse events including respiratory compromise, arrhythmia, and myocardial infarction, some with fatal outcomes. As a result, it is important to update your medical history regularly at this clinic and prior to the injection of any medication. Please inform us if you have or had the following: ALS, myasthenia gravis or Lambert-Eaton syndrome, allergies to BOTOX®, DYSPORT® & XEOMIN®, previous side effects of BOTOX®, DYSPORT® & XEOMIN®, breathing problems such as asthma or emphysema, swallowing problems, bleeding problems, plans to have surgery on your face, weakness in facial muscles or trouble raising your eyebrows, drooping eyelids, symptoms of urinary tract infection (UTI) or are being treated for urinary incontinence (problems emptying your bladder), pregnant or breastfeeding. Furthermore please inform us of all medications whether temporary or long term, specifically if you have or had the following: BOTOX®, DYSPORT® & XEOMIN® or another botulinum toxin in the past three months, a recent antibiotic, a muscle relaxant, allergy to cold medicine, sleep medicine, magnesium sulfate, anti-platelet medication (aspirin-like product) and/or anti-coagulants (blood thinners). Mixing BOTOX®, DYSPORT® & XEOMIN® with these medications could lead to an additive effect and greater chance for an adverse reaction.

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**BOTOX** ®**, DYSPORT**® **(Cosmetic Botulinum Toxin Type A) & XEOMIN**® **(IncobotulinumtoxinA)**

Patient Information and Consent Form (continued)

There is no guarantee that the treatment will work for you. By consenting to treatment, you agree to pay in full for all treatments and charges. You understand that our services are not reimbursed by insurance, and we do not provide or complete claim forms for insurance purposed. You also understand that no refunds are given at any time for any reason.

As a patient of Hydra IV Therapy, I agree to the following: I have elected to receive this voluntary cosmetic procedure. I have read this informed consent and certify that I have had enough time to review it and understand its contents. I have also had sufficient time to consider the information from the physician and/or staff at Hydra IV Therapy. I feel that I am sufficiently informed to consent to this procedure. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and the alternatives to this treatment, including being given the decision to decline moving forward with the treatment after reading this consent and having my questions answered by the appropriate personnel. I understand that the results of this treatment are temporary and that several sessions of BOTOX®, DYSPORT® & XEOMIN® may be needed for optimal results.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have sufficient opportunity for discussion and sufficient opportunity to ask questions. I consent to being photographed for scientific and or educational purposes, as well as possible for use and publication and/or advertisements.

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Patient Signature Printed Name Date

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Witness Signature Printed Name Date

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