



CONSENT TO NEUROMODULATOR TREATMENT

PATIENT: _____

DATE OF BIRTH: _____

Treatment with Botox, Dysport and other neuromodulators are used for the purpose of improving the appearance of wrinkles. Small doses of the neuromodulator are injected into the affected muscles, blocking the release of a chemical that would otherwise signal the muscle to contract. The toxin thus paralyzes or weakens the injected muscle. The treatment usually begins to work within 24 to 48 hours (although in some areas it may take up to two weeks) and can last up to four months, although results vary.

<p><u>RISKS AND COMPLICATIONS</u> 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: paralysis of nearby muscle that could interfere with opening the eye(s), local numbness, disorientation, double vision, or past pointing, headache, nausea, or flu-like symptoms, swallowing, speech or respiratory disorders, swelling, bruising, or redness at injection site, product ineffectiveness, temporary asymmetrical appearance, abnormal or lack of facial expressions, inability to smile when injected into the lower face, facial pain, muscle atrophy, nerve irritability, and production of antibodies with unknown effect to general health.</p>
<p><u>PHOTOGRAPHS</u> I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations.</p>
<p><u>PREGNANCY, ALLERGIES & DISEASE</u> I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving any of the above-mentioned treatment. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to Lidocaine.</p>
<p><u>PAYMENT</u> I understand that this is an "elective" cosmetic procedure and that payment is my responsibility and is expected at the time of treatment.</p>
<p><u>RIGHT TO DISCONTINUE TREATMENT</u> I understand that I have the right to discontinue treatment at any time.</p>
<p><u>ALTERNATIVE PROCEDURES</u> Alternatives to the procedures and options that I have volunteered for have been fully explained to me.</p>
<p><u>RESULTS</u> I am aware that full correction is important and that follow-up enhancement treatments will be needed to maintain the full effects. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. By consenting to treatment, the patient understands that desired results are not guaranteed. Future treatment may be necessary. The patient understands that if future treatments are necessary the patient is responsible for full payment at the time of treatment. I have been instructed in and understand post-treatment instructions and have been given a copy of them.</p>

I hereby voluntarily consent to treatment by EFC Medspa and release EFC Medspa, medical staff and technicians from liability associated with the procedure. The procedure has been fully explained to me. 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 office immediately.

Patient Name

Patient Signature

Date