MEDICAL AESTHETICS

Botulinum Toxin "A" Treatment Consent Form

Botulinum toxin, a neurotoxin produced by the bacterium Clostridium A, can relax the muscles on areas of the face which cause wrinkles associated with facial expressions. Treatment with Botox, Dysport, Xeomin or other similar injectables (hereinafter, "purified botulinum") can cause our facial expression lines or wrinkles to soften significantly or even disappear. Areas most frequently treated are: (a)glabellar area of frown lines located between the eyes; (b) crow's feet, the lateral area of the eyes; and (c) forehead wrinkles. FDA approval has only been granted for treatment of the glabellar complex, or the "11's"; all other areas that are commonly treated are considered "off-label" and do not have FDA approval. The results of this procedure typically last from 3 to 4 months, at which time patient will require re-treatment in order to preserve results.

Potential risks and side effects (please initial each line)
It has been explained to me, the patient, that there are inherent and potential risks and side effects in any invasive procedure. In this specific instance, such risks include, but are not limited to:

- Post treatment discomfort, swelling, redness and bruising _____
- Post treatment bacterial, viral, and/or fungal infections requiring further treatment _____
- Allergic reaction _____
- Temporary drooping (ptosis) of the eyebrow or eyelid can occur in approximately 2-3% of persons injected with neurotoxins. This side effect, while temporary, could last several weeks _____
- Occasional numbness of the forehead, which could last 2-3 weeks _____
- Transient headache _____
- Flu-like symptoms _____
- Unsatisfactory or asymmetrical results requiring additional treatment _____

NOTE: This list is not meant to be inclusive of all possible risks associated with Botulinum A Toxin (Botox), Dysport, and/or Xeomin as there are both known and unknown side effects associated with any medication or procedure and this consent form only attempts to identify the most common material risks.

Additional disclosures (please initial each line)

- I understand that the use of botulinum toxin "A" is not recommended for persons who are (a) pregnant or nursing, (b) suffering from a neurologic disorder, (c) on chronic anticoagulation or (d) with multiple allergies or sensitivities to medications _____
- I understand that I should not receive Dysport if I have a known allergy to cow's milk, as there is a cross-sensitivity and increased risk for allergic response_____

- The number of units injected is an estimate of the amount of Botulinum A Toxin required to paralyze the muscles. I understand there is no guarantee of results of any treatment and the regular charge applies to all subsequent treatments _____
- **Practical alternatives to treatment include, but are not limited to**: Dermabrasion, chemical peeling, laser resurfacing, dermal filler injection, facelift, brow lift, microneedling, and other surgical or topical skin treatments.
- On occasion, we provide treatment to areas that are "off label" and not FDA approved as described above _____

Proposed treatment results

The practice of medicine and surgery is not an exact science and therefore reputable practitioners cannot guarantee results. While the overwhelming number of patients have gratifying results from injections, we cannot promise or guarantee specific results. I am aware that when small amounts of purified botulinum are injected into a muscle it causes weakness and/or paralysis of that muscle. This typically appears 3 to 7 days after injection and lasts 3 to 6 months, but effect can be shorter or longer than this typical range. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. I understand that while the injection is effective, I will not be able to move certain facial muscles that have been treated but this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must avoid lying down after the procedure and should not manipulate or apply pressure to the treated area for 24 hours post treatment.

Informed consent

By signing below, I acknowledge that I have read the foregoing information and understand the risks of purified botulinum. I voluntarily consent and authorize that this treatment be performed by the healthcare providers of Bare Cosmetic Dermatology (Marshall and Marshall Family Health Nurse Practitioners PLLC). I hereby release the staff and any other participating healthcare providers from any and all liability for any adverse effects that may result from this treatment and related procedures. I hereby consent to treatment. I assume responsibility for any necessary follow up care including other specialist care and healthcare costs. This consent is valid for all future dermal filler treatments unless revoked by myself in writing.

Patient signature:_____ Date:_____

FNP signature:_____ Date:_____

Photo consent

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, photographs may be used and displayed publicly without my permission.

Patient signature:_____ Date:_____