



602-730-2460

Consent for Botox® Cosmetic and Dysport™

Patient _____ Date of First Treatment _____

DIAGNOSIS

Facial lines and wrinkles are caused by several factors:

Aging Sun Damage Heredity Gravity Muscle Action

Initials _____

Muscles of facial expression can cause frown lines, horizontal forehead lines, crow's feet and neckbands or cords. If these are exaggerated or made worse by intentionally making that expressions, then the muscle activity is partly responsible for these lines

PROPOSED TREATMENT

Injection of a very small amount of Botox® Cosmetic and Dysport™, a purified toxin produced by the bacterium clostridium botulinum, into the specific muscle causes weakness of that muscle. This results in relaxation of the muscle and improvement of the lines that the muscle action has formed.

This response is usually seen in 2-7 days after injection and may take up to 2 weeks. Typically the muscle action (and wrinkles) will return in 3-5 months (however, the length of action varies in some individuals). At this point, a repeat treatment will relax the muscle and soften the lines again. Botox® Cosmetic and Dysport™ is best at treating dynamic facial lines, those caused by facial muscle activity. **Lines present at rest may or may not improve.**

RISKS AND COMPLICATIONS

Side effects and complications associated with these injections are generally minimal. Potential side effects may include, but are not limited to, the following : pain during injections, respiratory infection, flu-like symptoms, asymmetry, twitching, product dispersment , difficulty swallowing, speaking, breathing, spread of toxin effects, allergic reactions, numbness, local infections of the injected area, dry mouth, swelling and/or bruising, tearing , adjacent muscle weakening such as difficulty opening the eyelid(s), and drooping of facial muscles for several weeks to months after an injection and, rarely sensitivity to light or inflammation of the cornea. Transient headaches have been reported. In a very small number of individuals, antibodies develop and make further Botox® Cosmetic and Dysport™ injections ineffective. *Occasionally, the injection does not work for as long or as well as usual.

PREGNANCY AND NEUROLOGICAL DISEASE

I am not aware that I am pregnant/breast feeding to the best of my knowledge, have any significant neurological disease (myasthenia gravis) or have any allergies to the toxin ingredients, or to human albumin

DRUG INTERACTION

Certain drugs such as aminoglycoside antibiotics, penicillamine, quinine, and calcium blockers, may increase the effect of Botox® Cosmetic and Dysport™. Treatment should be discussed and adjusted if these are being taken.

ALTERNATIVES

Because not all facial wrinkles, creases, and folds are caused by muscle activity alone, other alternatives exist for their treatment. Chemical or laser peel, blepharoplasty, facelift, forehead/brow lift, and topical treatments with Renova or alpha hydroxy acids, are all alternative treatments . Surgical resection of the frown muscle may be performed either directly or endoscopically. Without any treatment , the existing lines will remain.

PHOTOGRAPHS

I authorize the taking of clinical photos of my treated areas for chart records, clinic use, and their use for scientific purposes both in publications, promotions and presentations . I understand that my identity will be protected



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LABELED USE OF APPROVED MEDICATIONS

Botox® has been approved by the FDA for the treatment of strabismus (crossed eyes) and blepharospasm (eye twitching), (ophthalmologic conditions); Botox® Cosmetic and Dysport™ have been approved for cosmetic treatment of the frown area. It should not be used in individuals with known hypersensitivity to any ingredient in the formulation (Clostridium Botulinum Toxin Type-A, albumin, and sodium chloride), Botox® is termed unlabeled for off-label use; that is, it has been used for treatment of crow's feet and forehead creases, lip lines, etc. Known significant risks have been disclosed in this form, yet the theoretical risk of unknown complications does exist.

REQUESTS

I voluntarily request that _____ treat my condition, which has been explained to me as facial lines and wrinkles resulting from muscle action. I wish the following areas to be treated (check).

- D Forehead Line
- D Crow's Feet
- D Upper/Lower Lips
- D Jawline
- D Armpits
- D Frown Lines (between eyebrows)
- D Nasal Forsum (bunny lines)
- D Neck Bands

FOLLOW-UP

I agree to follow-up with my Aesthetic Care Provider in 2-3 weeks following my treatment.

We recommend Botox® Cosmetic and Dysport™ treatments approximately 4 times per year to maintain optimal results.

Due to the high interest in Botox® Cosmetic and Dysport™, we want to ensure previous clients have preferential scheduling for their future appointments. Please provide us with an appropriate phone number where we can contact you or leave a message _____

**Please make your next appropriate appointment well in advance to assure proper timing in between appointments.*

SUMMARY

I have been advised that the object of the procedure I have requested is improvement in my appearance, not perfection. It is possible for imperfections to ensue, and that the result may not live up to my expectations or goals. I fully understand that the practice of medicine and surgery is not an exact science and that any reputable physician cannot guarantee results. I acknowledge that no written or implied verbal guarantee, warranty, or assurance has been made to me by anyone at Nurse Jenell, PLLC regarding the outcome of the procedure, which I have requested and authorized. I also understand the limitations of this procedure.

My Aesthetic Care Provider has fully explained, in terms clear to me, the nature of the procedure to be performed, the foreseeable or common risks, and complications, alternative methods, of treatment, as well as what I may experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask any questions that I desire regarding the diagnosis and procedure, and that these questions have been fully answered to my satisfaction. I have read this document (or have had it read to me) and I understand the contents. I hereby give my unrestricted informed consent for the procedure and subsequent treatments.

Patient Signature

Date

Aesthetic Care Provider

Date