



LASER SKIN & WELLNESS CENTER

Botox | Dysport | Xeomin Informed Consent

I, _____, understand that I will be injected with Botulinum A Toxin (Botox), Dysport, and/or Xeomin in the area of the labella muscles to paralyze these muscles temporarily or in the forehead or Crows Feet around the lateral area of the eyes.

Botulinum A Toxin (Botox), Dysport, and/or Xeomin injection has been FDA approved for use in the cosmetic treatment for flagellation frown lines only – the wrinkles between the eyebrows.

Injection of Botulinum A Toxin (Botox), Dysport, and/or Xeomin into the small muscles between the brows cause specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. The paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available.

The possible side effects of Botulinum A Toxin (Botox), Dysport, and/or Xeomin include but are not limited to:

1. Risks: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.
2. Infection: Infections can occur, which in most cases are easily treatable, but in rare cases a permanent scarring in the area can occur.
3. Most people have lightly swollen pinkish bumps where the injections enter the skin for a couple of hours but sometimes up to several days.
4. Although many people with chronic headaches or migraines often get relief from Botulinum A Toxin (Botox), Dysport, and/or Xeomin, a small percentage of patients get headaches following treatments with Botox for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain .
6. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months, and in rare cases the effect of bruising could be permanent.
8. While local weakness of the injected muscles is representative of the expected pharmacological action of Botulinum A Toxin (Botox), Dysport, and/or Xeomin, weakness of adjacent muscles may occur as a result of the spread of the toxin.
9. Treatments: I understand more than one injection may be needed to achieve a satisfactory result.
10. Another risk when injecting Botulinum A Toxin (Botox), Dysport, and/or Xeomin around the eyes includes corneal exposure as you may not be able to blink the eyelids as often as you should to protect the eye. The inability to protect the eye has been associated with damages to the eye such as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulceration. There are medications that can help lift the eyelid,



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however, if the drooping is too great, the eye drops may not be effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.

11. I will follow all aftercare instructions as it is crucial I do so for healing.

As Botulinum A Toxin (Botox), Dysport, and/or Xeomin is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botox than others. In most cases this uneven appearance can be corrected by injecting Botox in the same or nearby muscles. However, in some cases this uneven appearance can persist for several weeks or months.

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.

Botulinum A Toxin (Botox), Dysport, and/or Xeomin should not be administered to a pregnant or nursing woman.

Additionally,

The number of units injected is an estimate of the amount of Botulinum A Toxin (Botox), Dysport, and/or Xeomin required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botulinum A Toxin (Botox), Dysport, and/or Xeomin treatments with the above understood. I hereby release the doctor, the person making the injections, and the facility from liability associated with this procedure.

Client Signature: _____ **Date:** _____



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Dermal Filler Informed Consent

Patient: _____

Address: _____

Date of Birth: _____ **Phone:** _____

The purpose of this informed consent form is to provide written information regarding the risks, benefits, and alternatives to the procedure named above. This material serves as a supplement to the discussion you have with your doctor/ healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/ healthcare professional prior to signing the consent form.

The Treatment

Treatment with dermal fillers (such as Juvederm, Restylane, Radiesse and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc... Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately.

Initial: _____

Risks and Complications

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain incoherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, bruising, and discoloration; 2) Post treatment infection associated with any transcutaneous injection; 3) Allergic reaction, 4) Reactivation of herpes (cold sores); 5) Lumpiness, visible yellow or white patches; 6) Granuloma formation; 7) Localized necrosis and/ or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

Initial: _____

Pregnancy and Allergies

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 illness which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.



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Initial: _____

Alternative Procedures

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

Initial: _____

Payment

I understand that this is an “elective” procedure and that payment is my responsibility and is expected at the time of treatment.

Initial: _____

Right to Discontinue Treatment

I understand that I have the right to discontinue treatment at any time.

Initial: _____

Patient Signature: _____