



INFORMED CONSENT BOTOX®/DYSPOORT®/XEOMIN® (NEUROTOXIN INJECTIONS)

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you concerning BOTOX®/DYSPOORT®/XEOMIN® (NEUROTOXIN INJECTIONS) injections, their risks, and alternatives treatments(s).

It is important that you read this information carefully and completely. Please discuss any questions you may have with your provider. Once you have read and understood this information, and had any questions addressed to your satisfaction, please sign and date this consent.

INTRODUCTION

NEUROTOXIN INJECTIONS involve a series of small subcutaneous injections designed to weaken certain muscles that cause skin wrinkling. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7-14 days. The typical NEUROTOXIN INJECTION effect has duration of about 3 months, although it can last up to 6 months and may only last only about 1-2 months even with the recommended fully administered dose. However, injections given at less than 3 month intervals may not produce a noticeable effect. The number of units recommended and injected is an estimate of the amount of NEUROTOXIN required to paralyze the muscles. **There is NO guarantee of results of any Neurotoxin treatment.**

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin include laser ablation, chemical peels, dermal filler, minimally invasive procedures and face-lift. Alternative forms of treatment are all associated with certain risks.

RISKS OF NEUROTOXIN INJECTIONS

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your provider to make sure you understand the risks, potential complications, and consequences of NEUROTOXIN INJECTIONS.

Bleeding	It is possible, though unusual, to experience localized bleeding episode during or after the procedure at the site(s) of injection. Do not take any aspirin or anti-inflammatory medications for ten days prior to your NEUROTOXIN INJECTION appointment.
Bruising	Following this procedure, it is not uncommon to bruise at the injection site. Bruising usually resolves in 3-4 days. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
Infection	Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.
Headaches	Although many people with chronic headaches or migraines often get relief from Botox, a small percent of patients get headaches following treatment with Botox, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
Other side effects	Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
Unsatisfactory results	You may be disappointed with the results of the procedure. The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation.

Allergic reactions

In rare cases, local allergies to Neurotoxin preparations (including BOTOX and DYSPORT) have been reported. Systemic reactions, which are more serious, may result from any medication or substance used during the procedure. Allergic reactions may require additional treatment. If you have a milk allergy you are not a candidate for Dysport injections.
_____ Please initial here to state that you do NOT have milk allergies.

Pregnancy

NEUROTOXIN INJECTIONS should not be administered to a pregnant or nursing woman.

Drooping of the eyelids (Ptosis)

This is a rare but transient complication occurring in 1-2% of patients. The incidence can be minimized by positioning post injections. Ptosis usually resolves within several weeks but may take longer.

Additional Procedures

Should complications occur, other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with NEUROTOXIN INJECTIONS. Although good results are expected, there CANNOT be any guarantee or warranty expressed or implied with regard to the results that may be obtained. The regular charge applies to all subsequent treatments.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing this consent.

I have read the foregoing consent and hereby confirm that I have: 1) had each item explained to me, 2) was given an opportunity to ask questions, and 3) had all of my questions answered. I hereby authorize **the Nurse Injector** to perform the procedure of NEUROTOXIN INJECTIONS. I hereby release **Injections by Stephanie, P.L.L.C** from liability associated with this procedure.

I understand that there is NO guarantee of results for any NUEROTOXIN INJECTION TREATMENT. No discount is offered nor given for subsequent treatments including touch-ups. **Initial**_____

PATIENT'S NAME (Please Print)

PATIENT'S SIGNATURE/DATE

HEALTH CARE PROFESSIONAL'S STATEMENT

I have explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results to the patient before the patient consented. I have explained the aftercare instructions and given the patient a copy of those instructions.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NEUROTOXIN	DATE	NOTES

