

Finesse Advanced Medical Aesthetics

Botulinum Toxin A (Botox/Dysport) Consent Form

Please initial each statement to indicate you understand. Please do not initial if you need more information.

Initial _____

Proposed treatment

Injection of a very small amount of Botulinum toxin as a purified protein into specific muscles to cause weakness or paralysis of that muscle. This results in a relaxation of the muscles and improvement of the lines or wrinkles that the muscle action has formed. My provider will choose which product is best for me and this may vary from treatment to treatment. If I have a preference on brand, I will inform my provider.

Initial _____

Anticipated Benefit

Response is usually seen in 2-10 days after injection. Typically, the muscle action and wrinkles will start to return around 3-5 months. At this point a retreatment is recommended.

Initial _____

I understand that a follow up may be needed around 2 weeks and more units may need to be added to adequately weaken the muscle. I may be charged for additional units if needed.

Initial _____

Risks and Complications

Possible side effects include transient headaches, swelling, bruising, pain during injections, twitching, itching, numbness, asymmetry (unevenness), temporary drooping of eyelids or eyebrows. These side effects are rare but have been reported. Extremely rare more serious side effects including generalized flu-like syndrome, difficulty breathing or swallowing or even death could occur. In a small number of people, the injections do not work as satisfactorily or for as long as expected.

Initial _____

Bruising may occur following a neuromodulator treatment and this can be increased if blood thinning products in the last 7 days such as aspirin, NSAIDs such as Advil or Aleve, vitamin E, cold medications and alcohol. Bruising may also occur with prescription blood thinners such as Coumadin. I understand that if I have taken any of these my risk of bruising may be increased.

Initial _____

I understand there may be a higher risk of side effects if I do not adhere to certain instructions and will adhere to these instructions:

- No lying down for 4 hours post treatment
- No facials, massages, brow waxes, lash extensions, chiropractic appts
- No manipulating or touching treatment sites for 4 hours
- No exercising for 4 hours post treatment

Contraindications

I understand there are certain conditions that when treatment is not recommended. These include:

- Pregnancy or breast feeding
- Neurological conditions including but not limited to: Myasthenia Gravis, Eaton Lambert, or Lou Gherigs None of these conditions apply to me.

Initial _____

Limitations and Alternatives

Botulinum Toxin A is best at treating dynamic facial lines that are caused by facial muscle activity. Lines present at rest may or may not improve. A treatment may be effective for variable lengths of time, may not work for as long as expected, or may not work at all. I have been informed of other alternatives which exist for the treatment of wrinkles such as topical creams, chemical peels, laser treatments, surgery, collagen induction treatments, or absorbable threads.

Initials _____

Cost/Fees

Payment for this cosmetic procedure is my responsibility. I understand that there may be a charge for additional touch up units.

Initials _____

Follow up

I agree to follow up in 2-3 weeks from initial treatment to assess accuracy of injections if requested by my provider or if I feel that a treatment needs to be adjusted.

Initials _____

Photographs

I authorize the taking of clinical photographs to be used to monitor progress of my treatments.

Initials _____

I have read the above and understand it. My questions have been answered satisfactorily by my provider or the staff. I accept the risks and the complication of the treatment.

Patient Signature

Date