

Informed Consent for The Treatment of Facial Lines/Wrinkle with Botox, Dysport or Xeomin

You have the right to be informed about your skin condition & treatment so that you can make the decision whether or not to undergo the procedure after knowing the risks and benefits involved. This information is not meant to alarm you, but to better inform you so you may give or withhold your consent for the treatment of your cosmetic condition as well as help you formulate additional questions which may not have been covered in consultation.

Diagnosis: Facial lines and/or wrinkles caused by aging, heredity, gravity, sun damage, muscle action, smoking or other factors. Muscles of facial expression can cause and worsen lines and wrinkles by intentionally making an expression. I request treatment with Botox/Dysport/Xeomin by Dr. Nancy Aria to treat lines/wrinkles in one, two or all of the following areas: Forehead lines, frown lines, and/or crows' feet and/or _____. The injection of Botox/Dysport/Xeomin for this purpose has been explained to me and my questions regarding such treatment, its alternatives, (such as dermabrasion, chemical peeling, laser resurfacing, dermal filler injections, face-lifting, brow lifting and other surgery, Retin-A, Renova or alpha hydroxyl acids) its complications and risks have been answered by the doctor or her representatives. The information given to me has been in clear terms and I understand the risks and complications of the treatment. I understand that the FDA has approved Botox/Dysport/Xeomin Cosmetic only for the glabellar region and that injection into any area other than the glabellar area is considered off-label use. The treatment plan is to inject a small amount of Botox/Dysport/Xeomin, a purified neurotoxin produced by the Clostridium bacteria, into a targeted facial muscle to intentionally produce weakness or paralysis of the muscle. This results in the relaxation of the muscle and improvement of the lines and wrinkles that the targeted muscle action produced. The response is usually seen in 2 to 6 days after injection. It is common for the muscles action along with its associated wrinkles to return in 3 to 6 months. Repeat injections are necessary to maintain its effects. I understand that lines and wrinkles present at rest may not improve with treatment with Botox/Dysport/Xeomin alone, since Botox/Dysport/Xeomin is designed to treat lines caused by facial muscle action. Although results are frequently dramatic, as high as 10% of patients may not respond to these treatments for unknown reasons. I understand that the practice of medicine and surgery is not an exact science and that no guarantees can be or have been made concerning expected results in my case. Repeated sessions may be necessary in certain muscle groups to obtain the desires results. A charge will be made for each treatment session. Larger muscle groups require more Botox/Dysport/Xeomin and larger charges will be made according to the number of units Botox/Dysport/Xeomin used. I may plan for multiple treatment session in the years to come, which are completely at my discretion as to the number, extent, or amount. I understand that this is a cosmetic procedure and I will be completely responsible for all charges at the time of treatment. I understand that fewer facial expressions will be possible after my injections with Botox/Dysport/Xeomin. I understand that I should stay upright and not lie for 6 hours after injection. I will not massage the injected site for at least 4 hours. I will exercise the injected muscle for 1 hour after injection. Side effects of Botox/Dysport/Xeomin may include but are not limited to headache, bruising, pain during injection, asymmetry, twitching, and numbness and in a small number of cases, dropping of the eyelids or eyebrows. The injection may not work for as long or as well as expected. I am not pregnant, nursing or have neurological diseases. If taking Amino glycoside antibiotics, Penicillin, Quinine or Calcium Channel Blockers, I understand that these medications may potentiate the effect of Botox/Dysport/Xeomin Cosmetic. I give permission for photographs taken of all treated sites to be used to document the medical record, teaching purposes, illustration of scientific papers or for use in general lectures. My name shall not be used in such publication. I agree to follow up with Dr. Aria at her recommended intervals to assess my status and to inform her of any problems that I may be having and allow her to see me at that time. My questions have been answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed content for the procedure.

Patient Signature: _____

Date: _____

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Informed Consent and After Care instructions for BOTOX/DYSPOORT/XEOMIN

I, _____, confirm and agree with the truth of the following statements and agree to comply with the following after care instructions:

1. After your injections you must remain upright for at least 6 hours after you leave the clinic. Please refrain from sleeping or lying down.
2. After your injections, please avoid facial/scalp massage, hat wearing and anything that would put pressure on your injection sites.
3. We ask that you relax and contract the facial muscles treated for the next 1-2 hours so that the medication will be properly absorbed by those muscles.
4. We usually start with a minimum dose of 24 unites of Botox/Dysport/Xeomin for a patient. In the majority of cases this is sufficient to achieve the desired results for 4-6 months. However, some patients require more depending on their muscle size and strength in the treated areas.
5. You should not be pregnant, breastfeeding, or planning to become pregnant within the next 6 months if you are receiving Botox/Dysport/Xeomin injections.
6. We remind you not to take aspirin or ibuprofen for the next 1-2 weeks as it increases the potential for bruising.
7. Have you ever fainted? Y/N Any needle phobias? Y/N
8. In the event of fainting/loss of consciousness, you give us permission to contact _____ at (phone #) _____

*To help reduce and prevent bruising, we now carry a homeopathic, anti-inflammatory called **Arnica** (available in pellet or gel form). If interested, please ask the front desk or your medical assistant for help purchasing.*

We are pleased to provide you with cosmetic services during todays visit, however medical concerns require a separate, non-cosmetic appointment. If you do not have a medical concern and time permit, we will do our best to accommodate those concerns. Please note, medical visits are subject to a copay/deductible depending on your insurance.

Neurotoxin Pricing:

Xeomin: **\$14** per unit

Botox: **\$17** per unit

Dysport: **\$8** per unit

Jeuveau: **\$14** per unit

Patient Signature: _____

Date: _____