

Trillium Skin Care & Medical Aesthetics:

NEUROTOXIN CONSENT FORM BOTOX, DYSPORT, XEOMIN

The goal of injections, as in any cosmetic procedure, is aesthetic improvement, not perfection. I understand that my results may not be perfect, I further understand that this treatment is not permanent and repeated treatments will be needed to maintain the desired results. **I also understand the final results may not be apparent for 14 days after the injection.**

• **Indications for injections include:** treatment of facial expression lines, decrease in appearance of wrinkles.

• **I understand that the following conditions are contraindicated** and I am not currently, nor do I anticipate or have any reason to believe that I am currently experiencing: **Pregnancy/ Breast Feeding/ Neurological Disease**

• **I understand that the following side effects or complications may arise:**

- Swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reactions.
- Flu –like symptoms with mild fever
- Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, or months and in rare cases the effect of bruising could be permanent. The use of NSAIDS will increase the risk of bleeding and bruising **and I have been advised to discontinue use before and after injections.**
- Temporary drooping of one eyelid in 2% of all injections, lasting 2-3 weeks
- Infection: infections can occur which in most cases are easily treatable but in rare cases permanent scarring can occur.
- While local weakness of the injected muscles is representative of the expected pharmacological action of the Botox, Dysport, Xeomin, weakness of adjacent muscles may occur as a result of the spread of the toxin.

*****In a small number of individuals, injections do not work satisfactorily**

• **I understand that this list is not meant to be inclusive of all possible risks associated with Botox, Dysport or xeomin as there are both known and unknown side effects associated with this procedure.**

• I have been informed of and have discussed **the Pre and Post Care treatment instructions** that are critical to my results and healing and I agree to follow them.

• I will immediately inform the injector/physician of any side effects or complications as described above or perceived by me

• I authorize the use of any photographs taken for documentation, teaching or other viewing purposes as long as my identity is protected.

• I understand, agree and have participated in the treatment plan based upon my desired results and I fully understand the goals of the injections as well as the limitations and possible complications.

• I understand that more than one injection may be needed to achieve a satisfactory result.

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

• I understand that the number of units injected is an estimate of the amount of Botox, Dysport and/or xeomin required to paralyze the muscles.

• I understand there is no guarantee of results of any treatment. I understand that regular charges apply to all subsequent treatments.

• By signing below, I acknowledge that I have read the informed consent and agree to the treatment and its associated risks. I hereby give consent to perform this and all subsequent treatments. I hereby release the injector (Lori Cline) and the Medical Director (Dr Sue Ryan) from any liability associated with this procedure.

Patient Name (Printed) _____ Signature: _____ Date: _____

I have explained to the patient the nature of the above procedure as well as the reasonably anticipated risks, potential complications and alternatives to such treatment. I believe the client understands.

Injectors Signature: _____ Date: _____

Medical Directors Signature: _____