



Botox/Dysport and Dermal Fillers Injections Informed Consent

This informed consent document that has been prepared to help inform you concerning Botox/Dysport and Dermal Filler Injection, their potential side effects and risks, and alternative treatment(s).*

Please read this information carefully, completely and discuss any questions you may have with your provider. Once you have read and understand this information, please sign and date this consent.

Botox/Dysport involves a series of small subcutaneous or intramuscular 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 14 days. Results can last 2-5 months. The procedure can be repeated every 3-4 months; however, injections given at less than 3-month intervals may not produce a noticeable effect. This product is FDA approved for the glabella region, and injection into any other areas at this time is considered "off-label" use.

Dermal Filler Injections (i.e. Dysport, Restylane, Silk, Kysse, Refyne, Defyne, Contour, Sculptra) are used to smooth moderate to severe facial wrinkles and folds around the nose and mouth or shape facial contours. The fillers used have been FDA approved for the cosmetic treatment of moderate to severe facial wrinkles and soft tissue depressions.

Normal occurrences during Botox/Dysport and Dermal Filler Injections may include bleeding and bruising, swelling, skin redness, needle marks, acne-like skin eruptions, skin lumpiness, visible tissue filler material, asymmetry, pain and skin sensitivity.

Alternative Treatments

Alternative forms of non-surgical management for the appearance of wrinkling and lines in the skin include laser procedures, chemical peels, micro-needling and microdermabrasion. Alternative forms of treatment are all associated with certain risks.

Risks

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 the 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 Botox/Dysport or Dermal Filler 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.

-Risks of Botox/Dysport Injections may include the following: Bleeding, bruising, infection, unsatisfactory results, and allergic reactions (in rare cases, local allergies to botulinum toxin A preparations have been reported. Systemic reactions, which are more serious, may result from any medication or substance used during the procedure), drooping of the eyelid (ptosis), and additional procedures. Should complications occur, other treatment may be necessary.

-Risks of Dermal Filler Injections may include the following: Bleeding, bruising, damage to deeper structures, infection, skin necrosis, allergic reactions and hypersensitivity, scarring, granulomas, skin disorders, antibodies to the filler product, accidental intraarterial injection, nerve injury, numbness, tingling, blindness, under/over correction, migration of filler product, unsatisfactory result, and long-term effects. In rare cases, injection of dissolving agent may be necessary to improve or correct complications.

Photographs

Photographs may be taken before and after treatment in order to monitor progression.

Please initial the statement below:

_____ I consent to the usage of such photographs provided the picture do not reveal my identity.

Please initial the statement below:

_____ I have no Milk or Egg allergies.

_____ I am not pregnant or breastfeeding.

_____ I have a history of oral herpes (cold sores).

IF YES, I have been taking an anti-viral (Valtrex, Zovirax, etc.) in preparation for this treatment Y___ N___

_____ I am not on blood thinners or steroids or corticosteroids.

_____ I have not had dental work in the last two weeks.

Informed Consent

I acknowledge that I have read and understand the information for Botox / Dysport / Dermal Filler Injections. I feel I have been adequately informed of the risks of Botox / Dysport / Dermal Filler Injections as well as alternative methods of treatment. All of my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement. With this in mind, I hereby consent to Botox / Dysport / Dermal Filler Injections Treatment performed by **Sheila L Bowen, RN** at ***Beautiful You***.

Signature of Patient Date

Signature of Patients Parent/Legal Guardian, if Patient is under 18 Date

Beautiful You Witness Date

***DISCLAIMER**

Informed consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risk and alternative forms of treatments. The informed consent process attempts to define principals 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 a standard of care. Standards of care are determined on the basis of all facts involved and in individual cases and are subject to change as science and technology advance and as practice patterns evolve .It is important that you read the above information carefully and have of your questions answered before signing this consent.