CONSENT – Neurotoxin Injection

Please initial the boxes you have read, understood, and discussed as required with your clinician.

**What is being injected?** Botulinum toxin is a purified protein produced by the bacteria clostridium botulinum. FDA approved to temporarily improve moderate to severe facial wrinkles caused by excessive muscle movements, primary in the upper face. Response is seen within 2-10 days after injection and may take a full 2 weeks to reach it’s potential. Results will begin to soften after 6-8 weeks and need for repeat injection is anticipated around 3-4 months.

**What are the side effects and risks?**

* Transient headaches, swelling, bruising, bleeding, pain, twitching, itching, swelling around the eyes, numbness or other changes in sensation.
* Allergies including anaphylaxis is possible but very rare.
* Temporary drooping of facial features, including eyebrows, cheeks and mouth. Asymmetry
* Dry eyes, blurred or double vision.
* Theoretical risk of complications unique to certain individuals or so far unknown

**Contraindications -** certain neurological diseases like myasthenia gravis, pregnancy, breastfeeding

**Interactions**: I have disclosed my medical and drug history to my clinician and am aware that many medications increase the risk of bruising and include but are not limited to Vit E, aspirin, NSIADS, blood thinners and others.

**Limitations and alternatives:** occasionally the treatment wears off very quickly or does not work at all. Botulinum toxin is best at treating dynamic facial lines; those caused by facial muscle activity, lines present at rest may or may not improve and can be unpredictable. I have considered alternatives to treatment, including doing nothing, topical creams, chemical peels, lasers, surgical denervation, forehead/brow lift, facelift, or hyaluronic treatments and elected that botulinum toxin in the best treatment for me.

**Dosing:** Neurotoxins are dose-duration products. The number of units needed to correct my areas of concern for the expected 3-4 months longevity has been reviewed with me. Using less than recommended will shorten the expected duration of optimal results.

**Follow up:** I understand if a dose adjustment is needed it will be provided free of charge within 2-4 weeks of the treatment, but thereafter will incur a charge.

**Dissatisfaction:** I understand that with all treatments the actual degree of improvement cannot be predicted or guaranteed. The outcome’s subjective nature means dissatisfaction is a possible outcome regardless of effectiveness of treatment. I understand that the effect of all treatments may gradually wear off and additional treatments may be necessary to maintain the desired effect.

**3-Peat:** Treat the SAME area 3 times in 365 days (every 4 months) at regular price and receive the 4th free in that SAME area. No limit as to how many areas are treated. May use Alle points and rebates but CANNOT be combined with other sales.

**Agreement:** By signing this form, I agree that I have read this form carefully and considered the side effects, risks

and uncertainty of the outcome and decided treatment is still in my best interest. I have discussed all the details of the treatment plan, past treatments, my medical history and shared all information my clinician may need to plan a treatment. I understand the benefits and risks, side effects and complications.

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 Patient or Person Authorized to Sign for Patient

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_