

The Beautox Bar

Dysport® Treatment Informed Consent

I understand that I will be injected with Dysport® (abobotulinumtoxinA). Botulinum toxin blocks nerve activity in the muscles, causing a temporary reduction in muscle activity. Dysport has been FDA approved for treatment of the glabellar lines. I understand Dysport® will be injected into the treatment area agreed upon, to paralyze these muscles temporarily; the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to six months.

The possible side effects of Dysport® include but are not limited to:

1. Risks: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, eyelid swelling, eyelid drooping and allergic reaction.
2. Infection: Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Most people have lightly swollen pinkish bumps at injections sites, for a couple of hours or several days.
4. Although many people with chronic headaches or migraines often get relief from Dysport®, a small percent of patients get headaches following treatment with Dysport® for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Local numbness, rash, pain at the injection site; flu like symptoms with mild fever; back pain.
6. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
8. While local weakness of the injected muscles is representative of the expected pharmacological action of Dysport®, weakness of adjacent muscles may occur as a result of the spread of the toxin.
9. Treatments: I understand more than one injection may be needed to achieve a satisfactory result.
10. A risk when injecting Dysport® around the eyes includes corneal exposure; people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.

As Dysport® is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Dysport® than others. In most cases this uneven appearance can be corrected by injecting Dysport® in the same or nearby muscles. However, in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Dysport® as there are both known and unknown side effects associated with any medication or procedure.

Photographs

I authorize the taking of clinical photographs and their use for purposes in publications and presentations and social media. I understand my identity will be protected.

Payment

I understand that this procedure is cosmetic and payment is my responsibility at the time of receiving treatment. I understand the regular charge applies to all subsequent treatments.

I understand the above, and have had the risks, benefits, and alternatives explained to me; and my questions have been answered satisfactorily. No guarantees about results have been made. I have received and understand the pre and post care instructions.

To the best of my knowledge, I am not pregnant, and I am not breastfeeding; or have an allergy to cow's milk protein.

I am at least 18 years of age or older. I will follow all aftercare instructions as it is crucial I do so for healing.

By signing below, I acknowledge that I have read the foregoing informed consent and voluntarily agree to treatment today, as well as future treatments as needed, with its associated risks. I hereby give consent to perform this and all subsequent Dysport® treatments with the above understood and will notify if any changes occur in my medical history. I hereby release the Medical Director, the Registered Nurse injecting the Dysport® and the facility from liability associated with this procedure.

By signing below, I acknowledge and certify that I have read and understood the consent, release and indemnity agreement for this procedure, and that I am signing it voluntarily.

Print Name _____

Date _____

Client Signature _____

Injector Signature _____
(RN)