

# The Beautox Bar

## Teosyal® Treatment Informed Consent

### Indications

Teosyal® is a full range of injectable dermal fillers made of non-animal origin and biodegradable, cross-linked, hyaluronic acid; injected into the skin with a fine needle. The products are unique, safe, highly efficient and long lasting. Treatment adds volume and hydration to the skin; can smooth out folds and wrinkles, add volume to lips, contour facial features that have lost fullness. Facial rejuvenation can be carried out with minimal complications and results are often seen immediately.

### Results

I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and follow up treatments will be necessary to maintain the desired effect. I understand that treatments can last anywhere from 4-6 months up to one year. The duration of treatment is dependent on many factors including but not limited to: age, sex, tissue condition, sun exposure, general health and life style condition. I understand that more than one injection may be needed to achieve a satisfactory result.

### Risks and Complications

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- 1) Post treatment discomfort, swelling, redness, bruising, discoloration, tenderness, and itching (These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases, bruising can last several months and even be permanent).
- 2) Post treatment bacterial, viral and/or fungal infection associated with any transcutaneous injections which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
- 3) Allergic reaction. As with any product, allergies can develop during or after injection.
- 4) If necessary, Hyaluronidase may be used to reverse the dermal filler treatment; this may cause bruising and other side effects; subsequent treatments can occur after the area has healed.
- 5) Injection into the lip area could cause recurrence of Herpes simplex (facial cold sores) for patients with a history of prior cold sores.
- 6) Lumpiness, visible yellow or white patches in approximately 20% of cases
- 7) Granuloma formation
- 8) Localized Necrosis and/ or sloughing, with scab and/or without scab if blood vessel occlusion occurs.
- 9) Scarring

### Precautions and Contraindications

- Due to the potential for an allergic reaction, Teoxane® is not recommended for patients with severe allergies or a history of anaphylaxis.
- The risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin and nonsteroidal anti-inflammatory drugs (e.g., Ibuprofen, Aleve, Motrin, Celebrex), high doses of Vitamin E, and certain herbs (Ginkgo Biloba, St. John's Wart, fish oil). Tylenol may be taken.
- Teoxane® should not be administered to a pregnant or breastfeeding woman.

### Photographs

I authorize the taking of clinical photographs and their use for scientific purposes in publications, 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 lidocaine. 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 Teoxane® 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 Teoxane® 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)