

# Injected Artistry, LLC

## BOTOX INFORMED CONSENT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ #: \_\_\_\_\_

Email: \_\_\_\_\_

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

### THE TREATMENT

Botulinum toxin (Botox® and similar agents) is a neurotoxin produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); c) forehead wrinkles; d) radial lip lines (smokers lines), e) head and neck muscles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results can last up to 3 months. With repeated treatments, the results may tend to last longer.

Initial [REDACTED]

### RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. 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, and bruising, 2. Double vision, 3. A weakened tear duct, 4. Post treatment bacterial, and/or fungal infection requiring further treatment, 5. Allergic reaction, 6. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 7. Occasional numbness of the forehead lasting up to 2-3 weeks, 8. Transient headache and 9. Flu-like symptoms may occur.

Initial [REDACTED]

### PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenis gravis, multiple sclerosis, lambert-eaton syndrome, amyotrophic lateral sclerosis (ALS), and parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin. Initial [REDACTED]

### ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

Initial [REDACTED]

### PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. Initial [REDACTED]

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### PHOTO CONSENT

I give permission to take before and after photographs of my treatment to be used to monitor my treatment, training purposes, and advertising. Initial \_\_\_\_\_

### RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. Initial \_\_\_\_\_

### RESULTS

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2 – 10 days and usually lasts up to 3 months but can be shorter or longer.

In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. I understand that I will not be able to use the muscles injected as before while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area(s) of the injections for the 2 hours post-injection period. Initial \_\_\_\_\_

I understand this is an elective procedure and I hereby voluntarily consent to treatment with botulinum toxin injections for facial dynamic wrinkles, TMJ dysfunction, bruxism and types of orofacial pain including headaches and migraines. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the Service provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily.

I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

Client Name (Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am the treating Service Provider Professional. I discussed the above risks, benefits, and alternatives with the client. The client had an opportunity to have all questions answered and was offered a copy of this informed consent. The client has been told to contact my office should they have any questions or concerns after this treatment procedure.

Service Provider(Print): \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For professional use only

Toxin Used: \_\_\_\_\_ Batch No.: \_\_\_\_\_

Injected Artistry, LLC  
BOTOX PRE-TREATMENT INSTRUCTIONS

Do NOT consume alcoholic beverages at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising).

Avoid anti-inflammatory/blood thinning medications, if possible for a period of 2 weeks before treatment. Medications and supplements such as aspirin, vitamin E, ginkgo biloba, ginseng, St. John's Wort, Omega 3/Fish Oil supplements, Ibuprofen, Motrin, Advil, Aleve and other NSAIDS have a blood thinning effect and can increase the risk of bruising and swelling after injections.

Schedule your Dermal Filler and Botox appointment at least 2 weeks prior to a special event which you may be attending, such as a wedding or a vacation. Results from the Dermal Filler and Botox injections will take approximately 4 to 7 days to appear. Also bruising and swelling may be apparent in that time period. Sculptra does take longer to see results so plan accordingly with your provider.

Discontinue Retin-A 2 days before and 2 days after treatment.

Reschedule your appointment at least 24 hours in advance if you have a rash, cold sore or blemish on the area.

If you have a history of cold sores please let your provider know, they may put you on an anti-viral medication prior to treatment.

Be sure to have a good breakfast, including food and drink before your procedure. This will decrease the chances of lightheadedness during your treatment.

You are not a candidate if you are pregnant or breastfeeding.

Notes: \_\_\_\_\_  
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Injected Artistry, LLC  
BOTOX POST-TREATMENT INSTRUCTIONS

Do NOT manipulate the treated area for 3 hours following treatment.

Do NOT receive facial/ laser treatments or microdermabrasion after Botox injections for at least 10 days. Ask your provider if you are not sure about the time frame of certain services.

Some providers believe that smiling and frowning right after Botox treatments helps the Botox find its way to the muscle into which it was injected after treated.

Do NOT lie down for 4 hours after your Botox treatment. This will prevent the Botox from tracking into the orbit of your eye and causing drooping eyelid.

It can take approximately 4 to 7 days for results to be seen. If the desired result is not seen after 2 weeks of your treatment you may need additional Botox. You are charged for the amount of product used. Therefore, you will be charged for a product used during any touch-up or subsequent appointments.

Do NOT perform activities involving straining, heavy lifting, or vigorous exercise for 6 hours after treatment. This will keep the Botox in the injected area and not elsewhere.

Notes: \_\_\_\_\_  
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