

INFORMED CONSENT FOR NEUROTOXINS



Patient name:

Botox®, Dysport® & Xeomin® the trade name for botulinum purified neurotoxin complex is an injection treatment designed to reduce facial expression lines. Neurotoxins Cosmetic therapy for facial wrinkles is a commonly performed cosmetic procedure throughout the world.

I authorize my physician or his registered nurse to perform Neurotoxins Cosmetic treatments in order to reduce the appearance of my facial wrinkles in the areas treated. I understand that Neurotoxins Cosmetic temporarily relaxes the muscles under my skin in the area of injection. I understand that tiny amounts of Neurotoxins Cosmetic will be injected, with results typically lasting 3 – 4 months. Although results are commonly predictable and provide a good outcome, I have been informed that the practice of medicine is not an exact science and that no guarantees can be made concerning expected results in my case.

I also understand that it can take up to 14 days for the full result to occur, typically the benefits start to develop within the first few days. I understand that the areas treated will result in a reduction of muscle movement and that there is no guarantee that wrinkles will be completely erased. I understand that the lines directly under the eyes are not affected. For reasons not fully understood, some individuals may be less sensitive or “resistant” to the effects of Neurotoxins Cosmetic. In these patients, the treatment will not work as well or for as long as would ordinarily be expected.

Risks: The risks associated with the use of Neurotoxins include but are not limited to: local numbness to areas near the injection site, swelling, bruising, drooping eyes, loss of facial expression, drooling, burning sensation and/or minimal pain during the injections, temporary headache during and after the injections, nausea, paralysis in one or more extra-ocular muscles (eyes) causing double vision, facial asymmetry (one side looks different than the other), permanent loss of muscle tone with repeated injections and the development of antibodies to Neurotoxins.

I understand that side effects or complications are rare and not permanent. Occasionally, slight swelling, and/or bruising may last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after the treatment. There is less than 1% chance of upper eyelid weakness, which means the top eyelid could droop 1 - 2mm, for a month or more. The droop always resolves.* I am aware treatment is not recommended if you are pregnant or breastfeeding, if you have a history of Myasthenia Gravis or Eaton Lambert Syndrome or have an allergy to the commercial formulation of the product.

I have received Neurotoxins Cosmetic Post Treatment Instruction form and I agree to follow the recommendations.

I understand and give permission for my photos to be taken, both before and after the treatment. I understand these photos will be the property of the clinic and that they will remain as part of my confidential medical record. I agree to the cost of each treatment and am aware that payment is due following each procedure.

Contraindications: Certain medications (e.g. antibiotics, aspirin, anti-inflammatory) and even some vitamins and herbs may increase the potency of Neurotoxins and may increase bleeding and bruising. I attest that I have provided my physician/RN with a list of all my current medications & supplements. I understand that pregnant or nursing mothers should not undergo Neurotoxins injections. It is not known through research whether Neurotoxin injections have any effect of a fetus or whether it is found in breast milk and is therefore presumed unsafe. I verify that to the best of my knowledge I’m not pregnant and I’m not nursing. I am advised that patients with Eaton-Lambert syndrome, Lou Gehrig’s disease or myasthenia gravis should not receive Neurotoxin; I attest that I do not have any of these diseases.



Contraindications (continued): I have provided a list of my current medications (including over the counter products i.e. Vitamins), history of allergies and my medical history; to the best of my knowledge. I have notified the physician/Registered Nurse of any previous facial surgery and/or facial treatments and will update my health status at each returning appointment.

Effectiveness: I am advised, and I understand that: research has proven Neurotoxin works best on those wrinkles known as “hyperkinetic wrinkles” (dynamic). These hyperkinetic muscles contract during facial expressions such as squinting or frowning. Neurotoxin works by blocking the signal from crossing the “neuromuscular junction” and allows the muscle to relax and helps to eliminate the wrinkles that lie above. I have been advised and I understand that: Neurotoxin can be injected in small amounts into the affected muscle(s) and that no sedation is required for a Neurotoxin injection. I understand Neurotoxin generally lasts 3-4 months, sometimes longer. I understand and acknowledge that no guarantee has been given as to the results of a Neurotoxin treatment. It has been explained to me that this procedure may fail to reduce wrinkles completely and multiple treatments are required to obtain the best results.

I voluntarily request treatment with Neurotoxin by my physician/RN. My questions regarding such treatment, its complications and risk have been answered by the physician/RN and/or written information. The information which I have been given has been in terms clear to me and I understand the risks and complications of the treatments. My questions have been fully and completely answered and I have read this document.

I understand that while every precaution will be taken to prevent complications and that while complications from this procedure are rare, they can and sometimes do occur. I accept responsibility for any complications that may occur and thereby absolve and release Renu Cosmetic + Reconstructive Surgery and any employees of any blame or liability including but not limited to any negligence associated with this treatment.

I certify that I have read, and fully understand; the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I agree that this constitutes full disclosure.

Date: _____

Patient Signature: _____

Staff Signature: _____