

## **BOTOX<sup>®</sup> COSMETIC CONSENT FORM**

To the patient: You have the right to be informed about your treatment so that you may make a decision to undergo the procedure, knowing the risks and hazards involved.

I \_\_\_\_\_ have received a consultation with a Registered Nurse or Nurse Practitioner and I consent to having Botox<sup>®</sup> treatments carried out upon myself for the improvement of \_\_\_\_\_.

I understand that I may be required to have photographs taken before treatment for my medical records.

Botox<sup>®</sup> is injected with a small needle into the muscle, with the aim of inhibiting the underlying muscle contraction, therefore improving facial lines and appearance.

I have been informed about the treatment, procedure, indications, expected results and possible side effects. I understand that I may experience swelling, redness, tenderness, slight headache, pain and / or bruising that may occur for several days after my treatment, however these symptoms will resolve. Rarely an adjacent muscle may be weakened for several weeks after injection. I have been advised of the risks involved and the expected benefits of Botox<sup>®</sup> treatment.

Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that whilst every precaution will be taken to prevent complications and that whilst complications from this procedure are rare, they can and sometimes do occur.

I accept responsibility for any complications that may occur and thereby absolve the Rejuvalase MedSpa and any associated person of any blame resulting there from.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

I understand that the terms of payment require full settlement on or before the day of my treatment.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Registered Nurse /Nurse Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

## • **BOTOX® PRE & POST-TREATMENT INSTRUCTIONS**

### **Pre-Treatment Instructions:**

- 1- **3 DAYS BEFORE treatment: AVOID** topical products such as Tretinoin (Retin-A), Retinols, Retinoids, Glycolic Acid, Alpha Hydroxy Acid, or other “anti-aging” products. Also **AVOID** waxing, bleaching, tweezing, or the use of hair removal cream on the area to be treated.
- 2- **7 DAYS BEFORE treatment (to prevent bruising): AVOID** blood thinning over-the-counter medications such as Aspirin, Motrin, Ibuprofen, and Aleve. Also avoid herbal supplements, such as Garlic, Vitamin E, Ginkgo Biloba, St. John’s Wort, and Omega-3 capsules.
- 3- **Do not drink alcoholic beverages 24 hours before (or after) your treatment to avoid extra bruising.**
- 4- **Inform your provider if you have a history of Perioral Herpes to receive advice on antiviral therapy prior to treatment**
- 5.- **Do not use BOTOX® if you are pregnant or breastfeeding, are allergic to any of its ingredients, or suffer from any neurological disorders. Please inform your provider if you have any questions about this prior to the treatment**

### **Day of Treatment:**

- 1-**Arrive to the office with a “clean face” . Please do not wear makeup. You may bring your own makeup to apply after your treatment.**
- 2-**You may experience a mild amount of tenderness or a stinging sensation following injection.**
- 3-**Redness and swelling are normal. Some bruising may also be visible.**
- 4-**You may experience some tenderness at the treatment site(s) that can last for a few hours or a few days. You may have bruises in the areas treated.**

## **Immediately After Treatment:**

- 1-** It is best to try to exercise your treated muscles for 1-2 hours after treatment (e.g. practice frowning, raising your eyebrows, and squinting). This helps to work BOTOX® into your muscles.
  - 2-** Stay in a vertical position for four hours following injection. DO NOT "rest your head" or lie down; sit upright
  - 3-** You may apply an ice or cold gel pack to the area(s) treated (avoiding pressure) as this helps reduce swelling and the potential for bruising.
  - 4-** Once you have adequately cooled/iced the area(s) as instructed and any pinpoint bleeding from the injection site(s) has subsided, you may begin wearing makeup.
  - 5-** AVOID placing excessive pressure on the treated area(s) for the first few days; when cleansing your face or applying makeup, be very gentle.
  - 6-** AVOID exercise or strenuous activities for the remainder of the treatment day; you may resume other normal activities/routines immediately.
  - 7-** You may take Acetaminophen/Tylenol if you experience any mild tenderness or discomfort.
  - 8-** AVOID extended UV exposure until any redness/swelling has subsided. Be sure to apply an SPF 30 or higher sunscreen.
  - 9-** Wait a minimum of 24 hours (or as directed by your provider) before receiving any skin care or laser treatments.
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