



Botox®/Xeomin®/Jeuveau® Therapy Consent Form

Proposed Treatment

Injection of a very small amount of Botox®/Xeomin®, a purified toxin produced by the bacterium clostridium botulinum, into the specific muscle causes weakness or paralysis of that muscle. This results in relaxation of the muscle and improvement of the lines or wrinkles that the muscle action has formed. On the face/neck, Botox®/Xeomin® therapy works best for "dynamic" lines and wrinkles and is less effective for fine textural changes on the skin surface "static" lines.

Anticipated Benefit

Response usually is seen fully at 10 days after injection. Typically, the muscle action (and wrinkles) will return in 2-4 months. At this point, a repeat treatment will relax the muscle and soften the lines again. Again, neurotoxins work best for "dynamic" lines and wrinkles (lines in motion), and is less effective for fine textural changes on the skin surface and for "static lines" (lines present at rest). It is a temporary treatment, meaning it will have to be repeated on a regular basis to remain effective.

I understand that there is a separate charge for *any* subsequent treatment.

Contraindications For This Treatment:

- Pregnant or lactating women
- Clients with allergies to human albumin
- Infection, inflammation, (including acne), or dermatitis of areas to be injected
- Fever, flu or cold symptoms
- Facial asymmetry such as Bell's Palsy
- Clients with neurologic disorders including Lou Gherig's, myasthenia gravis, multiple sclerosis, Parkinson's disease.

Risks and Complications

For at least 4 hours after injections, remain upright. do not rub or massage the treated area and do not exercise for the rest of the day.

Thick sebaceous skin may have very deep wrinkles making them a poor candidate.

A natural eyelid ptosis may be more susceptible to drooping of the eyelid.

Due to bruising potential, you should schedule Botox®/Xeomin® injections at least 2-3 weeks prior to an important event.

Alcoholic beverages 24 hours prior to Botox®/Xeomin® injections may increase bruising.



Possible side effects include: transient headache, swelling, bruising, pain during injection, twitching, itching, numbness, asymmetry (unevenness), temporary drooping of eyelids or eyebrows. These side effects are rare, but have been reported. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual.

Bruising may occur after injections. Substances that increase the risk of bruising include Vitamin E, Aspirin, Motrin, Advil, Fish Oil, turmeric and other non-steroidal anti-inflammatory drugs. I understand that if I have taken any of the above within the past 7 days, I have an increased risk of bruising. Bruising is also a significant risk with the use of blood thinning medications such as Coumadin. I understand that if I am taking a blood thinning medication, this treatment may result in significant bruising and may not be recommended.

Known significant risks have been disclosed, yet the theoretical risk of unknown complications does exist. 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 understand that there may be a higher possibility of side effects if I do not follow instructions given to me at the time of my appointment.

Cost/Fees

Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee for touch ups. I understand that this is an "elective" procedure and I am undergoing treatment of my own free will. Payment is my full responsibility regardless of outcome and is due at the time of my treatment. I understand that I have the right to refuse or stop treatment at any time, but that **no refunds** will be provided once payment is made (including and even if I am dissatisfied with my results). I accept responsibility for any complications that may occur and thereby absolve Jennifer Nunez, RN of Lakes Cosmetic Institute or any associated person of any blame resulting there from.

The medical director will review all treatments planned for clients. The safety of all procedures are outlined in the protocols manual on site. The well planned protocols establish safety and allow delegation to the RN to perform.

This consent form is valid until all or part is revoked by me in writing. This consent is valid for all of my Botox®/Xeomin® injections in the future as well.

I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____