re*be®
the science of better skin

Name

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CONSENT TO BOTULINUM TOXIN "A" TREATMENT

Botox® a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. Treatment with Botox can cause your facial expression lines or wrinkles to essentially disappear. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure can take about 15-20 minutes and the results can last 3-6 months or longer. With repeated treatments, the results may tend to last longer with subsequent treatments.

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, and bruising, 2) Post treatment bacterial, viral, and/or fungal infection requiring further treatment, 3) Allergic reaction, 4) Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 5) Occasional numbness of the forehead lasting up to 2-3 weeks, 6) Transient headache, 7) Flu-like symptoms may occur.

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for future treatments at this clinic.
My photographs in addition may be used for:

- **scientific purposes** ✎**yes** ✎**no**
- **in publications** ✎**yes** ✎**no**
- **presentations or seminars** ✎**yes** ✎**no**
- **presented to the internet** ✎**yes** ✎**no**

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant, have any significant Neurologic disease, or have any allergies to the toxin ingredients, or to human albumin. **Circle any of the following illnesses you have or have ever had in the past:**
Myesthenia Gravis Hepatitis Eye Disease Autoimmune Disease Vision Problems Numbness Muscle Weakness Amyotrophic Lateral Sclerosis (ALS) Eaton Lambert Disorder

RESULTS

I am aware that when small amounts of purified botulinum ("BOTOX®") are injected into a muscle it causes weakness or paralysis of that muscle. The desired effect occurs in the area the medication is injected. Undesired effects have occurred when the medication spreads from the treated area. Immediate medical attention is needed if the following symptoms occur: unexpected loss of strength or muscle weakness, hoarseness or trouble talking, trouble saying words clearly, loss of bladder control, trouble breathing, trouble swallowing, double vision, blurred vision and drooping eyelids. This appears in 3 – 7 days and usually lasts 3-6 months but can be shorter or longer. In a small number of individuals the injection does not work, or as satisfactorily for as long as usual. I understand that I will not be able to "frown" 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 of the injection for the four hours post-injection period.

I have given to the re*be Skin Clinic the medical information that has been requested and understand it is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the medical information provided to me regarding the administration of Botox. I acknowledge that all answers to questions about my current health and past medical history have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form. I hereby voluntarily consent to treatment with Botox® injection for the condition known as: Facial Dynamic Wrinkles. The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

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Patient Signature **Date** **Witness Signature** **Date**