



## AESTHETICS & WELLNESS

### NEUROTOXINS CONSENT

This is an informed consent document that has been prepared to help inform you of neurotoxin injections, its risks, as well as alternative treatments. It is important that you read this information carefully and completely. Please read each page and sign the consent.

My signature and initials after each statement below constitutes my acknowledgment that: I, \_\_\_\_\_, consent to and authorize Emily Goodrich, nurse practitioner, to perform neurotoxin injections.

• The neurotoxin to be used:

- BOTOX®
- Dysport®
- Xeomin®

• The area to be treated: \_\_\_\_\_

#### INTRODUCTION

The neurotoxins used in aesthetics are botulinum toxin A. The injections involve a series of small subcutaneous injections designed to weaken certain muscles that cause skin wrinkling. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7-14 days. Results can last 3-6 months. The procedure can be repeated after 3 months; however, injections given at less than 3 month intervals may not produce a noticeable effect.

#### ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin include laser ablation, chemical peels, dermal filler, micro needling, and minimally invasive procedures and face lift. Alternative forms of treatment are all associated with certain risks.

#### RISKS OF BOTULINUM TOXIN INJECTIONS

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your provider to make sure you understand the risks, potential complications, and consequences of neurotoxin injections.

- ❖ \_\_\_\_\_ Bleeding It is possible, though unusual, to experience localized bleeding episode during or after the procedure at the site(s) of injection. Do not take any aspirin or anti-inflammatory medications for ten days prior to your Botulinum Toxin A injection appointment.
- ❖ \_\_\_\_\_ Bruising: Following this procedure, it is not uncommon to bruise at the injection site. Bruising usually resolves within a week.

- ❖ \_\_\_\_\_ Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.
- ❖ \_\_\_\_\_ Unsatisfactory results: You may be disappointed with the results of the procedure. The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation.
- ❖ \_\_\_\_\_ Allergic reactions in rare cases, local allergies to botulinum toxin A have been reported. Systemic reactions, which are more serious, may result from any medication or substance used during the procedure. Allergic reactions may require additional treatment.
- ❖ \_\_\_\_\_ Drooping of the eyelids (Ptosis) This is a rare but transient complication occurring in 1-2% of patients. The incidence can be minimized by positioning post injections. Ptosis usually resolves within several weeks but may take longer.

Should complications occur, other treatments may be necessary. Even though risks and complications occur infrequently. Although good results are expected, there cannot be any guarantee or warranty expressed or implied with regard to the results that may be obtained.

It is important that you read the above information carefully and have all of your questions answered before signing this consent. I have read the foregoing consent and hereby confirm that:

- ❖ \_\_\_\_\_ I have had each item explained to me,
- ❖ \_\_\_\_\_ I was given an opportunity to ask questions, and
- ❖ \_\_\_\_\_ I have had all of my questions answered.

I hereby authorize the nurse practitioner to perform the procedure of Botulinum Toxin A injections. I hereby release my nurse practitioner, the facility and the doctor from liability associated with this procedure.

My signature below acknowledges that I have read and understand the content of this informed consent. I have been given ample opportunity to ask questions, all of which have been answered in a satisfactory manner. I understand that results can vary and that no guarantee, neither expressed nor implied, has been or will be, given to me regarding my results. I'm aware of the risks and benefits associated with the procedure, as well as available alternative treatments. I understand that this is an elective procedure, performed solely for cosmetic purposes, and is not critical to my health. On my own free will, I am requesting and providing my informed consent, to undergo this procedure. I assume all risks as my own and agree to hold harmless, Aria Aesthetics and Wellness, PLLC and their providers, and any other staff member, affiliate, or independent contractor. I hereby release them from any liability, both seen and unforeseen, now and forever.

Patients or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_