



Neurotoxin Consent Form
Botox, Dysport, Xeomin

The procedure to be performed is Neck/ Neurotoxin treatment, which is intended for elimination or smoothing of facial wrinkles in the forehead muscles, between the eyes, and the “crow’s feet” areas. Injecting botulism toxin into the small muscles in these areas paralyzes those muscles, improving the appearance of wrinkles.

I understand the small amounts of are injected into the muscles using a tiny needle. Depending on the area being treated, three to five, or more, pricks may be required. Discomfort is minimal and lasts only a few seconds. Results area temporary and re-injection is necessary.

Photographs may be take throughout the course of my treatment to monitor progress of the therapy. I understand that these photographs may be used for educational purposes.

I have been informed that there are no generalized side effects of Neurotoxin treatment but a possible complication may be development of a small black and blue area (bruising) that may persist for days. I understand that if any of the botulism toxin reaches a facial muscle not being treated, partial weakness of that muscle may last for several months and the only treatment is to wait for the effect of the toxin to wear off. Minor complications that do not affect the outcome occur occasionally. Major complications are rare. I also understand that not adhering to the post-Neurotoxin instructions may increase may chance of complications.

This consent is a written confirmation of a discussion I have had with a qualified specialist regarding Botox and Xeomin injections. I certify that I have read and understood all information that has been presented to me before signing this form.

Disclaimer

Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

Initials _____



1. I consent to administration of any related treatments that may be deemed necessary or advisable for my procedure. This includes, but is not limited to, local anesthetic such as anesthetic injections with lidocaine 1%-2% with or without epinephrine; and/or topical anesthetics such as benzocaine/lidocaine/tetracaine cream or ointment; and/or topical oral benzocaine preparations. The risks, side effects, complications of these anesthetics include, but are not limited to, skin irritation (itching or redness), lightheadedness, rapid heart rate, visual disturbances, and tongue numbness. I will inform the physician or staff immediately if I experience any of these symptoms. I do not have an allergy to lidocaine, epinephrine or anesthetics. I understand that Botulism Toxin/ Neurotoxin treatments refer to Botulism Toxin/ Neurotoxin injections and any related treatments.
2. There is no guarantee that wrinkles and folds will be reduced. I understand that I may require additional treatments to achieve correction.
3. I understand that the fees for Neurotoxin treatments are not covered by insurance. Should I require an additional treatment, I am responsible for the cost of that additional treatment.
4. I authorize the taking of clinical photographs. Their use is for documentation of my 'before' features.
5. I have fully disclosed all of my medical history. I understand that it is my responsibility to inform and update the physician or staff of any change in my health status and medical history.
6. I am an adult of at least 18 years of age. My signature below certifies that I have fully read this consent form and understand the information provided to me regarding the proposed procedure. I have been adequately informed about the procedure including the potential benefits, limitations, and alternative treatments. I have had enough time to consider the information, and I have had all questions and concerns answered to my satisfaction. I understand and accept the risks, side effects, and possible complications associated with Neurotoxin treatment(s).
7. I consent and authorize a trained physician or provider to perform Neurotoxin treatments. This consent shall apply to all Neurotoxin treatments.
8. If I have any questions or problems after treatments, I will call the office at (910) 323-3757.
9. THE INFORMATION HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED
I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).
I AM SATISFIED WITH THE EXPLANATION

Patient name (print)

Patient Signature

Date

Witness Signature

Date