

INTERLOCKS

MEDSPA + WELLNESS

INFORMED CONSENT FOR BOTOX® COSMETIC TREATMENT

Patient Name: _____

Nurse Injector: _____

I understand that I will be injected with Botox® Cosmetic by the Nurse Injector to treat lines/wrinkles in one, two or all of the following areas: forehead lines, frown lines, crow's feet, and/or _____. I understand that the FDA has approved Botox® Cosmetic to treat facial dystonias (spasms), strabismus (crossed eyes) and to soften facial rhytids (wrinkles) between the eyes. Injection use in any other area is considered off-label use.

The following problems may occur with Botox® Cosmetic injections:

1. Eyelid droop
2. Brow droop or depression
3. Facial droop
4. Asymmetry (unevenness)
5. Swelling
6. Bleeding
7. Dry eye
8. Excess tearing
9. Corneal exposure
10. Corneal ulceration
11. Persistent corneal epithelial defect
12. Double vision
13. Scarring
14. Headache
15. Prolonged erythema or healing
16. Temporary bruising, which should resolve over time
17. Discomfort and/or pain during injection
18. Twitching or numbness of targeted muscles
19. The injection may not work for as long or as well as expected.
20. Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. Should any type of infection occur, additional treatments or medical antibiotics might be necessary.
21. Allergic reactions. **You should NOT receive Botox® Cosmetic injections if allergic to albumin.** In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions may result from prescription medications.

ACKNOWLEDGEMENT:

I acknowledge that the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me, or additional treatment options may need to be considered for optimal results.
- Repeated sessions may be necessary in certain muscle groups to obtain the desired results.
- Reasonable anticipated health consequences if the procedure is not performed.
- Possible complications/risks involved with the proposed procedure and subsequent healing period, including the fact that fewer facial expressions may be possible after my injections of neurotoxins.
- Unknown risks and long term effects
- Alternatives to Botox® Cosmetic including medicine or surgery on facial muscles
- Compliance with the aftercare guidelines is crucial for healing and prevention of scarring or complications.

For women of childbearing age: By signing below, I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep the Nurse Injector informed should I become pregnant during the course of treatment.

I hereby authorize above named Nurse Injector to perform the Botox® Cosmetic injection on me. I understand that this procedure is to reduce facial lines and/or wrinkles caused by age, heredity, gravity, sun damage, muscle action, smoking or other factors; or a desire to sculpt the face by altering the contracting of targeted muscles. The treatment plan is to inject Botox® Cosmetic into a targeted facial muscle to intentionally produce weakness or temporary paralysis of that muscle. Optimal results are usually seen within 2-6 days after injection; repeat injections are necessary to maintain its effects. Although results are frequently dramatic, as high as 10% of patients may not respond to these treatments for unknown reasons. I understand that it is impossible for Nurse Injector to inform me of every possible complication that may occur. No guarantees about results have been made. By signing below, I agree that all of my questions regarding the procedure have been answered satisfactorily and I accept the risks. I hereby release INTERLOCKS from all liabilities associated with the above-indicated procedure.

Patient Signature: _____

Date: ____ / ____ / ____

RN Signature: _____

Date: ____ / ____ / ____