

Disclosure and Consent Botulinum Toxin Type A

Please Initial:

I understand that there is a possibility of adverse events following this procedure as described in the Botulinum Toxin Type A product insert.

I have been told that this procedure will involve mild pain, bruising and/or discomfort.

I have disclosed medical conditions that would disqualify me from having this procedure.

I have been given an opportunity to ask questions about the procedure and the risks and hazards involved and I believe that I have sufficient information to give this informed consent. Therefore, I consent to have this procedure performed.

I have agreed that if I should have a complaint of any kind whatsoever, I shall immediately notify the physician and I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and the physician or the breach thereof, shall be settled by arbitration in the state of TEXAS in accordance with the Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

I certify this form has been fully explained and I have read it or it has been read to me. I understand its contents.

I have received a copy of the post procedure instruction. It has been fully explained to me and I have it or it has been read to me. I understand its contents.

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I have explained the risks and benefits of this procedure with this patient. I have fully answered the patient's questions and have offered to answer further questions. Based on our discussions, the patient and I agree that he/she is an appropriate candidate for the use of Bonilinum Toxin TypeA.

Physician: _____

Signature Date: _____

Print Name: _____

Consent Explanation

This consent form authorizes this clinic and individual members of their clinic's staff to use these photographs for medical education teaching or research. Under no such circumstances will any publications or material bear your photos or name. Your refusal to consent to the use of these photographs for medical education teaching or research will in no way influence your treatment.

I understand the photographs taken of me shall be used for medical records. I release and hold harmless the clinic, staff and consultants from any liability in connection with the use of such materials.

Patient Signature: _____

Signature Date: _____

Print Name : _____

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Post Treatment Instructions

- Frown or raise your eyebrows as much as possible to enable the binding of BOTOX® to that specific muscle group injected.
- Do not manipulate the area injected for the first 24 hours. Gently wash or apply lotions in an upward and outward motion if BOTOX® has been administered in the forehead region.
- The face is very vascular and it has many veins that are at times not visible. You may experience some bruising; however, this will disappear in a few days.
- Local weakness of the area treated is, an expected action of BOTOX®. You will notice this transient weakness in the first week of administration.
- Your BOTOX® will "peak" at 30 days. This is the maximum assessment of change you will see during the 3- 4 month longevity of your BOTOX® administration.
- Headache is an adverse event associated with BOTOX® administration. A single, daily dose of ibuprofen is an appropriate choice. Take only as needed.
- You will need to return every 3- 4 months for re- administration of BOTOX® in your specified area(s) within the first year.

Please contact me if you have any questions or concerns.