PracticallyPerfect

MEDICAL AESTHETICS

Botox®, Dysport® Consent Form

Date:_____

Patient Name: _____ DOB: _____

Botox® and Dysport® are purified proteins that can be injected into a muscle to cause temporary weakness or paralysis of that muscle. Botox® and Dysport® are indicated for the temporary improvement in the appearance of moderate to severe expression wrinkles. The results appear in 5-14 days, depending on the individual, and usually last about 3-4 months, but can be shorter or longer.

Botox® and Dysport® block neuromuscular transmission by binding to receptor sites on motor nerve terminals. This blocks the release of acetylcholine and renders the muscle unable to contract. The FDA has approved the use of Botox® and/or Dysport® to improve the vertical lines/wrinkles between the eyebrows ("elevens"), the wrinkles next to the eyes (Crow's feet) and horizontal forehead wrinkles. Botox® and Dysport® have ***NOT*** been FDA approved for treating the "bunny nose", dimpled chin, vertical lines around the lips, neck bands, horizontal neck lines, lip augmentation, or "square jaw". However, these areas, in addition to other areas of the face and neck, have been successfully treated with Botox® and Dysport® for many years.

It is important to understand that wrinkles/lines visible at rest (relaxation of the facial muscles), may not improve with the administration of Botox® or Dysport®. Lines/wrinkles visible at rest are more likely to respond to the injection of fillers in those areas.

COVID-19 Precautions:

1. Have you had a fever within the last 21 days? No_____ Yes_____
2. Are you having any of the following symptoms; Cough, profound fatigue, sore throat No_____ Yes_____
3. Have you traveled outside of Texas within the last 21 days? No_____ Yes_____
4. Have you been in contact with or been tested for the COVID-19 within the last 21 days? No_____ Yes_____

Please initial the following:

_____The details of the procedure have been explained to me in terms I understand.

_____Alternative methods & their benefits & disadvantages have been explained to me. The procedure will be performed by Lauren Williams, RN, FNP-C or Kathleen Toto, RN, ACNP-C

_____I understand that the FDA has only approved the cosmetic use of Botox® Cosmetic & Dysport® for vertical frown lines between the brows, horizontal forehead wrinkles, and "Crow's feet". Any other cosmetic use is considered "off label".

_____I understand and am aware of the most likely risks and complications of Botox® and Dysport® injections. Including but not limited to:

- Paralysis of a nearby muscle that could interfere with opening of eye (s) or uneven smile
- Local numbness
- Swallowing, speech, or respiratory disorders
- Disorientation and double vision
- Abnormal or lack of facial expression
- Facial Pain
- Possible inability to purse the lips when injected in the upper lip
- Headache, nausea, or flu-like symptoms
- Swelling, bruising, or redness at the injection site
- Temporary asymmetrical appearance
- Possible inability to smile when injected in the lower face
- Product ineffectiveness

Consent:

Your consent and authorization for this procedure is strictly voluntary. Your signature on this consent form authorizes Practically Perfect Aesthetics, Inc. to use Botox® or Dysport ® (of your choice) for the treatment area you choose. As with any cosmetic procedure, there is no guarantee that you will be completely satisfied. I have read this informed consent form and certify that I understand the contents in full. My signature indicates that I am consenting to receive treatment and have had the opportunity to ask questions about the procedure and it's risk. I have been advised of the risks involved in such treatment and alternative treatments, including no treatment at all.

I understand that I release Practically Perfect Aesthetics, Inc., it's associates, the Medical Supervisor, and the Nurse Practitioners from any liability associated with complications from this procedure.

Signature:_____ Date:_____

Provider:_____ Date:_____