

Neurotoxin Informed Consent

This consent form is designed to provide the information necessary when considering whether or not to undergo botulinum toxin treatment for facial and neck wrinkles with Botox or Xeomin.

Injection of botulinum neurotoxin (Botox, Xeomin, Dysport, etc…) causes weakness of targeted muscles, which can last approximately 3-4 months. Injection of small amounts of Botox relaxes the treated muscles and can reduce facial wrinkles such as frown lines. Botox and Xeomin solutions are injected with a small needle into the targeted muscles. Effects are typically seen within 3-7 days and can take up to 2 weeks to fully develop into the final results.

Botox and Xeomin are approved by the Food and Drug Administration for the temporary treatment of moderate to severe dynamic frown lines in adults aged 18-65 years and is used off- label for all other cosmetic treatment areas.

**The risks, side effects, and complications in treatment with Botox or Xeomin on a facial and neck areas are as included, but are not limited to the following:** Localized burning or stinging pain during injection…

* Bruising
* Redness
* Tenderness
* Swelling
* Infection
* Numbness or dysesthesia
* Headache
* Anxiety
* Vasovagal episode with loss of consciousness
* Facial asymmetry, alteration, or poor aesthetic results
* Inadequate reduction of wrinkles or lack of intended effect
* Blepharoptosis (droopy eyelid)
* Eyebrow ptosis (droopy eyebrow)
* Photophobia (light sensitivity)
* Impaired eyelid closure and blink reflex
* Ectropian (lower eyelid exposure)
* Lagophthalmos (incomplete eyelid closure)
* Xerophthalmos (dry eyes)
* Epiphora (tearing)
* Diplopia (double vision ) or vision changes
* Eye trauma
* Worsening eye bags
* Lid ptosis with resultant smile asymmetry
* Oral incompetence with resultant drooling and/or impaired speaking, eating, or drinking
* Cheek flaccidity
* Dysarthria
* Dysphagia (difficulty swallowing), necessitating nasogastric tube placement in severe cases
* Hoarseness
* Neck weakness
* Weakening of muscles adjacent to the intended treatment area
* Autoantibodies against botulinum toxin may be present or develop after treatments rendering treatments ineffective (1-2% of patients treated for cosmetic indications per Allergan).
* Extremely rare immediate hypersensitivity reaction with signs of urticarial, edema and a remote possibility of anaphylaxis
* Case reports of side effects due to distant spread from the site of injection have been reported with large doses of botulinum toxin, including generalized muscle weakness, ptosis, dysphagia, dysarthria, urinary incontinence, respiratory difficulties, and death due to respiratory compromise.

Post marketing safety data suggest that botulinum neurotoxin effects may, in some cases, be observed beyond the site of local injection. The symptoms may include generalized muscle weakness, double vision, blurred vision, eyelid droop, difficulty swallowing, difficulty speaking, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death related to spread of toxin effects. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults, particularly in those patients who have underlying conditions that would predispose them to these symptoms. **No definite serious adverse event reports of distant spread of toxin effect associated with dermatological use of cosmetic botulinum toxin at the labeled dose of 20 units (for frown lines) or 100 units (for each underarm sweating) have been reported.**

**CONSENT:** My signature below certifies that I have read this consent form and understand the information provided to me regarding the proposed procedure. It has been explained to me that this is a cosmetic procedure and not covered by insurance. I have been adequately informed about the procedure including the potential benefits, limitations and alternatives, and I have had all questions and concerns answered to my satisfaction**. I understand that results are not guaranteed and I accept the risks, side effects and possible complications inherent in undergoing botulism toxin. I am aware that Artistry Aesthetics does not given refunds for services rendered or product used.**

#1. Patients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have previously read, am free to read again at any time, & understand this document. I give my continued consent to receive further treatment with botulinum neurotoxin. **This consent is good for 1 year ONLY (January to December) & must be renewed in January of every new year.**

#2. Patients Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#3. Patients Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#4. Patients Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#5. Patients Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#6. Patients Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#7. Patients Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#8. Patients Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#9. Patients Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mmf 3.2020