

BOTOX CONSENT FORM

BRIEF MEDICAL HISTORY AND INFORMED CONSENT

Name: _____ Age: _____ Height: _____ Weight: _____

Telephone: Home: _____ Cell: _____

Address: _____

City/State: _____ Zip Code: _____

Email: _____ Date of Birth: _____

Allergies: _____

What medications are you currently taking? _____

Are you pregnant or lactating? _____

Physician's Name: _____

Are you part of the Brilliant Distinctions Program? (Please circle) Yes No

If so, what is your Brilliant Distinctions member number? _____

*****Brilliant Distinction points can be deposited on appointments valued at \$200.00 or more per the terms and conditions of the Brilliant Distinctions Program.**

Circle any of the following illnesses you have or have ever had in the past:

Myasthenia Gravis Hepatitis Eye Disease Autoimmune Disease Vision Problems

Numbness Muscle Weakness Amyotrophic Lateral Sclerosis (ALS) Eaton Lambert Disorder

Explain: _____

Previous Hospitalizations/Operations: _____

How will you be paying for today's appointment? _____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health, I will report it to the office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and I will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature: _____ **Date:** _____

CONSENT TO DISPENSE BOTOX® BOTULINUM TOXIN “A” TREATMENT

Botox® is a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. Treatment with Botox can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: 1) glabellar area (or frown lines) located between the eyes; 2) crow's feet (lateral areas of the eyes); and 3) forehead wrinkles. Botox is diluted to a very controlled solution and, when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-6 months. With repeated treatments, the results may tend to last longer.

Risks and Complications – It has been explained to me that there are inherent and potential risks and side effects in any invasive procedure and in this specific instance, such risks include, but are not limited to: 1) post-treatment discomfort, swelling, redness and bruising; 2) post-treatment bacterial and/or fungal infection requiring further treatment; 3) allergic reaction; 4) minor temporary droop of eyelid(s) in approximately 2% of the injections given (this usually lasts 2-3 weeks); 5) occasional numbness of the forehead lasting up to 2-3 weeks; 6) transient headache; 7) flu-like symptoms may occur.

Photographs – I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

Pregnancy, Allergies and Neurological Disease – I am not aware that I am pregnant nor am I trying to get pregnant. I am not lactating (nursing) nor do I have any significant neurological diseases including, but not limited to: Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), or Parkinson's. I have no allergies to the toxin ingredients or to human albumin.

Payment – I understand that this procedure is cosmetic and that payment is my responsibility.

Results – I am aware that when small amounts of purified botulinum (Botox®) are injected into a muscle, it causes weakness or paralysis of that muscle. This appears in 2-7 days and usually lasts 3-6 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. I understand that I will not be able to “frown” while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection for the 2 hours post-injection period.

I hereby voluntarily consent to receive treatment with Botox® injections for the condition known as Facial Dynamic Wrinkles. The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure. I certify that if I have any changes occurring in my medical history, I will notify the office.

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

PRE-TREATMENT INSTRUCTIONS

It is prudent to follow some simple guidelines before treatment by reducing some possible side effects associated with the injections; this can make all the difference between a fair result and a great result. We realize that this is not always possible; however, minimizing these risks is always desirable.

AVOID alcoholic beverages at least 24 hours prior to treatment (alcohol may thin the blood increasing the risk of bruising).

AVOID anti-inflammatory/blood thinning medications ideally for a period of 2 weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Ginko Biloba, St. John's Wart, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS are all blood-thinning medications and can increase the risk of bruising/swelling after injections.

Schedule the Botox® appointment at least 2 weeks prior to any special event which may be occurring: i.e., wedding, vacation, etc.

POST-TREATMENT INSTRUCTIONS

The guidelines to follow post treatment have been used for years and are still employed today to prevent the possible side effects of ptosis (eyelid droop). These measures should minimize the possibility of ptosis in almost 98% of the cases.

No straining, heavy lifting, or vigorous exercise for 2-3 hours following treatment because we don't want to increase circulation to that area (this washes away the Botox® from where it was injected). It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve to start its work. This waiting period continues to be recommended by most practitioners.

You must remain upright for four hours following treatment.

AVOID manipulation of the area for 3 hours following a treatment (for the same reasons listed above). This includes not doing a facial, a peel, or a microdermabrasion after treatment with Botox®. Any of these procedures can be done in the same appointment only if they are done before the Botox®.

Facial exercises in the injected areas are recommended for 1 hour following treatment (to stimulate the binding of the toxin only to this localized area).

It can take 2-7 days to take full affect, and in some cases up to two weeks. It is recommended that the patient contact the office no later than 2 weeks after treatment if the desired effect was not achieved.

Makeup can be applied before leaving the office. Retin-A, Glycolic Acid, Vitamin C, and Kinerase can be used; however, you must avoid the area treated with Botox® for 24 hours.

I certify that I have been counseled in post-treatment instructions and have been given written instructions as well.

Patient Signature: _____ Date: _____

NURSE TREATMENT RECORD SHEET

Date: _____

Patient Name: _____

Diagnosis:

- Crow's Feet
- Forehead Wrinkles
- Glabella Wrinkles
- Orbital Wrinkles
- Other: _____

Date of Last Injection: _____

Relief of Symptoms: Good Fair Poor

Duration of Relief: _____ Months

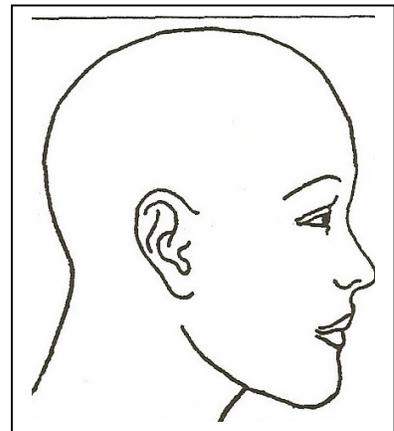
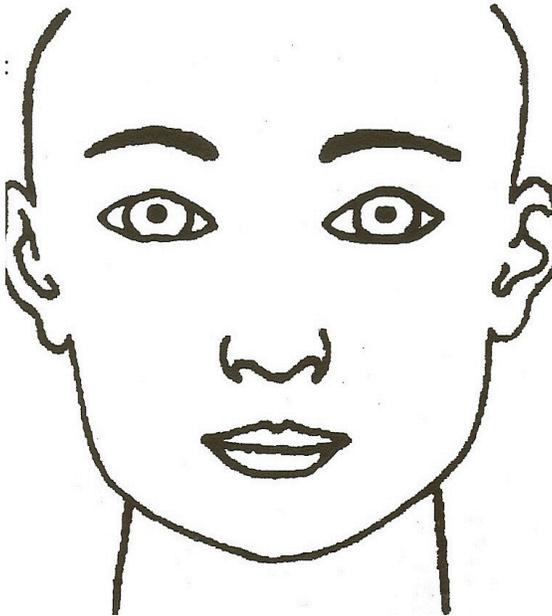
Present Symptoms: _____

Complications after last injection: Ptosis Double Vision Ectropion Bruising

Allergies and Medications updated: _____

Injection:

Legend:
Botox
X = 5 u
O = 2.5 u



Total Dose: _____ Units of Botox

Return: _____

Wasted: _____ Units

Nurse's Signature: _____

Senza Pelo Med Spa

Policies Concerning Late and Cancelled Appointments and Returned Checks

- Please notify Arizona Laser, Electrolysis & Skin Care within the time frames listed below when cancelling or changing an appointment:
 - 24 hours notice for appointments one hour or less.
 - 72 hours notice for appointments more than one hour.
 - Any treatment 4 hours or more require a 96-hour notice.

Adequate notification will allow for any openings to be filled.

- A fee of \$10.00 per half hour will be charged for late cancellations or “no shows” for electrolysis and skin care treatments. ***A \$35.00 charge will be required for late cancellations or “no shows” for laser treatments and treatments with our Nurse.***
- Being late for an appointment will be included in the treatment time.
- Three “no shows” will require prepayment of the treatment.
- There will be a \$25.00 service charge for returned checks.
- All Saturday appointments are prepay only for scheduled time.

Patient Signature: _____

Technician Signature: _____