

BLISS MEDISPA LLC
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Botox Informed Consent

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the treatment identified below. This material serves as a supplement to the discussion you have with your healthcare professional. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the treatment, ask your healthcare professional prior to signing the consent form.

Botox

Botox (Botulinum Toxin type A) is the only FDA approved treatment for the temporary reduction of moderate to severe forehead lines and wrinkles, frown lines and crow's feet. It is accomplished by injecting small amounts of Botox solution in the area of the wrinkles. Botox works by temporarily relaxing the facial muscles that are responsible for producing the wrinkling of the facial skin, thus producing the appearance of smoother, flatter skin.

The Treatment

Botox can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with Botox can cause your facial expression lines or wrinkles to be less noticeable or essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes and b) crow's feet (lateral areas of the eyes).

Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected.

The effects of the treatment typically last about 3-5 months. With repeated treatments, the results may tend to last longer. The treatment can be repeated after 3 months; however, injections given less than 3 month intervals may reduce the efficacy of the injections.

Be advised that it is possible for a patient to experience some adjacent facial muscle relaxation in areas other than the intended target muscle. Most common is the effect of ptosis, or eyelid droop. This condition occurs in less than 3% of injections. It is temporary and will usually resolve before the Botox wears off.

The main side effects after injection are pain from injection and bruising, which are usually minimal and temporary. Localized hypersensitivity to the saline may also occur temporarily. In the 16 years that Botox has been approved for use, there has never been a reported allergic reaction.

Alternative Treatments

Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin consist of Collagen treatment, laser abrasion, and brow lift. Minor skin

wrinkling may be improved through chemical skin peels, lasers, injection of filling material, or other skin treatments. Risks and potential complications are associated with alternative forms of medical or surgical treatment. Risks and potential complications are associated with alternative forms of treatment.

Potential Risks And Complications

Before undergoing this treatment, understanding the risks is essential. No treatment is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive treatment and in this specific instance, which include but are not limited to the following: Post treatment discomfort, swelling, redness, and bruising; double vision; a weakened tear duct; post treatment bacterial, and/or fungal infection requiring further treatment; allergic reaction; minor temporary drooping of eyelid(s) in approximately 2% of injections (which usually lasts 2-3 weeks; occasional numbness of the forehead lasting up to 2-3 weeks; transient headache and ; flu-like symptoms may occur.

Patient Advisory

It is recommended that you not take aspirin, non-steroidal anti-inflammatory medication, or any blood anti-coagulants before this treatment. These medications may increase the risk of bruising. If you are able to stop these medications, you should do so one (1) week before the treatment. Patients with certain medical conditions may not have this treatment done. These include those with any type of facial paralysis such as Bell's palsy, Guillain-Barre Syndrome and Myasthenia Gravis. Patients who are pregnant or breastfeeding should not use Botox.

Informed Consent

I am aware that when small amounts of purified Botox are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2 to 10 days and usually lasts up to 3 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 and there are some individuals who do not respond at all. I understand that I will not be able to use the muscles injected as before 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 (s) of the injections for at least 4 hours post-injection period.

I understand this is an elective procedure and I hereby voluntarily consent to treatment with Botox injections for facial dynamic wrinkles. The treatment has been fully explained to me and I have read the above information, including the potential risks and complications and understand it completely. My questions have been answered completely and satisfactorily. I accept the potential risks and complications of the treatment and I understand that no guarantees are expressed or implied as to the outcome of the treatment. I also certify that if I have any changes in my medical history, I will notify the healthcare professional who treated me immediately. I also state that I read and write in English.

The personnel at Bliss Medispa have been provided with a thorough and truthful medical history. Additional injections may be necessary, for which Bliss Medispa will charge a retouch fee, if optimal effect is not reached in 10 to 14 days. Botox has only a temporary effect that lasts approximately 3-5 months and you will need to repeat injections 3-4 times a year to continue the effect. By signing this consent form, you agree that you have read the attached information regarding Botox injections and have been given ample opportunity for discussion and all of your questions have been answered to your satisfaction. You also understand that the use of aspirin, non-steroidal anti-inflammatory drugs or blood thinning medication within the last 3 days may increase the risk of post-injection bruising and understand the procedure and its side effects.

By signing this form, you hereby consent to the treatment and/or care described in this document. You hereby assume all risks, hazards and costs of care or expense associated with or which may arise from such treatment, hereby releasing the personnel and consultants and any sponsoring health care facility or institution and its affiliates and all of their agents and employees from any liability from said treatment except where such risks and hazards are the proximate result of gross negligence.

This constitutes the full disclosure and supersedes any previous verbal or written disclosures, advertising or marketing materials prepared by us or others. It is understood that our programs are specialty services and do not have responsibility for your comprehensive medical care. For this and all future treatments of Juvéderm Ultra, Juvéderm Ultra Plus, Juvéderm XC, and Botox Cosmetic, I understand that:

- I will be injected with the utmost skill and care.
- Each person's body reacts differently. The effect of the injection may not be exactly the same every time.
- No guarantees are made regarding the results or their longevity.
- No refunds will be made
- Touch-ups will incur an additional charge per unit or per syringe.

Client Name: _____ (*print name*)
 _____ (*signature*)

Client Signature Date _____

If you have any medical problems that arise while participating, please keep us informed. If an urgent medical problem should arise and you have a concern that it may be related to your care, please call us at (507) 722-2450 and contact your primary care physician or go to a healthcare facility to have the problem assessed immediately.

Healthcare Professional Acknowledgment

I, _____, am the treating healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment.

 Healthcare Professional Signature

Date _____