

## Botox/Jeuveau Consent Form

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

### Informed Consent

The purpose of this informed consent form is to provide written information regarding the risks, benefits, and alternatives of the Botox procedure. This material supplements the discussion you have with your healthcare provider. It is crucial to read this document thoroughly and ask questions before signing.

**Description of Treatment:** Botulinum toxin (Botox® and similar agents- such as JEUVEAU (prabotulinumtoxinA-xvfs), for intramuscular use) is a neurotoxin produced by the bacterium *Clostridium A. Botulinum*. It is used to relax muscles in areas of the face and neck that cause wrinkles associated with facial expressions or pain. The procedure typically involve, but are not limited to the following areas:

- Glabellar area (frown lines)
- Crow's feet (lateral eye areas)
- Forehead wrinkles
- Radial lip lines (smoker's lines)
- Marionette line area
- Head and neck muscles

The treatment is almost painless, with results lasting up to 3 months. With repeated treatments, results may last longer.

**Risks and Complications:** Understanding the risks of this procedure is essential, as no procedure is risk-free. Potential risks include but are not limited to:

1. Post-treatment discomfort, swelling, redness, and bruising
2. Double vision
3. Weakened tear duct
4. Bacterial or fungal infection
5. Allergic reaction
6. Temporary eyelid droop (approximately 2% of cases)
7. Numbness of the forehead lasting up to 2-3 weeks
8. Transient headache
9. Flu-like symptoms

**Medical History:** I confirm that:

- I am **not** pregnant or lactating.
- I **do not have** significant neurologic diseases (e.g., myasthenia gravis, multiple sclerosis, ALS).
- I have **no known allergies** to the ingredients in the treatment.

**Alternatives:** Alternatives to Botox treatment and associated options have been fully explained.

**Payment:** I understand that this is an elective procedure, and payment is my responsibility, expected at the time of treatment.

**Photo Consent:** I consent to the taking of before and after photographs of my treatment for monitoring, training, and advertising purposes.

**Right to Discontinue Treatment:** I understand that I have the right to discontinue treatment at any time.

**Results:** I am aware that the effects of Botox may take 2-10 days to appear and can last up to 3 months. Individual results may vary, and some may not respond to treatment at all.

**Elective Procedure:** I voluntarily consent to treatment with botulinum toxin injections for facial wrinkles, TMJ dysfunction, bruxism, and orofacial pain, including headaches and migraines. I have received adequate explanation and have directed all post-operative questions to my treating clinician.

I accept the risks and complications of the procedure and understand that no guarantees are implied regarding the outcome. I will notify Injected Artistry of any changes in my medical history.

I affirm that I read and write in English and fully understand the information provided.

By signing this form, I attest that I have read and agree to all articles of this consent form, which also applies to all future Botox treatments performed by Injected Artistry, Inc.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** Ken Starr MD **RN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Toxin Used:** \_\_\_\_\_ **Lot#:** \_\_\_\_\_ **exp:** \_\_\_\_\_