NEUROTOXINS CONSENT FORM

BOTOX® Cosmetic is indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adult patients < 65 years of age. BOTOX® Cosmetic (onabotulinumtoxinA) for injection, is a sterile, vacuum-dried purified botulinum toxin type A intended for intramuscular use. When injected intramuscularly at therapeutic doses, BOTOX® Cosmetic produces partial chemical denervation of the muscle resulting in a localized reduction in muscle activity. Administration of BOTOX® Cosmetic is not recommended during pregnancy. Because many drugs are excreted in human milk, caution should be exercised when BOTOX® Cosmetic is administered to a nursing woman. DYSPORT® (abobotulinumtoxinA) is an acetylcholine release inhibitor and a neuromuscular blocking agent indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with procerus and corrugator muscle activity in adult patients < 65 years of age. Botulinum toxin type A, the active ingredient in DYSPORT, is a purified neurotoxin type A complex produced by fermentation of the bacterium Clostridium botulinum
type A, Hall Strain.

DYSPORT® is contraindicated in patients with known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation. This product may contain trace amounts of cow's milk protein and does contain human albumin. Patient's known to be allergic to cow's milk protein should not be treated with DYSPORT®. There are no adequate and well-controlled studies in pregnant women.

JEUVEAU® (prabotulinumtoxinA-xvfs) is an acetylcholine release inhibitor and a neuromuscular blocking agent indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/ or procerus muscle activity in adult patients. PrabotulinumtoxinA-xvfs is supplied as a sterile, vacuum- dried powder in a single-dose vial intended for intramuscular use after reconstitution. PrabotulinumtoxinA-xvfs is a 900 kDa botulinum toxin type A, produced from fermentation of Clostridium botulinum. Product does contain human albumin. It is contraindicated in patients with known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation. It's use is not recommended during pregnancy or lactation as results are not known due to lack of well-controlled studies.

Please initial after reading:
The details of the procedure have been explained to me in terms I understand, including product ineffectiveness. Alternative methods and their benefits and disadvantages have been explained to me. I understand that the FDA has only approved the cosmetic use of Botox® Cosmetic, Dysport®, and Jeuveau® for frown lines between the brows and any other cosmetic use is considered off label. **INITIALS**_____

I understand that if I elect to not receive the recommended dosing, that I will most likely not achieve desired results, which may require additional units at my own expense. Also, I understand that the effects will not last as long as expected. **INITIALS**_____

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Publicity/Photographs/Video: I authorize the taking and use of clinical photographs and/or videos for their intended use for educational and marketing purposes in publications, presentations, or on social media. I agree not to hold Simply Bliss Aesthetics liable for any harm resulting in their use. I waive my rights to any royalties, fees, or discounted services. If I am participating in a training environment/procedure, I understand my photos and/or videos may be used on any social media platform and my identity may or may not be protected. **INITIALS**_____

I accept that no guarantees regarding the results of this procedure have been made or implied. **INITIALS**_____

I understand and accept the most likely risks and complications of Botox® Cosmetic, Dysport® and Jeuveau? injections. Including but not limited to:

- Paralysis of a nearby muscle that could interfere with opening of eye(s), disorientation and double vision
- Local numbness. headache, nausea, or flu-like symptoms, swallowing, speech, respiratory disorders or death
- Facial pain, swelling, bruising. or redness at the injection site; abnormal or lack of facial expression
- Temporary asymmetrical appearance, inability to smile when injected in the lower face
- Allergic reaction requiring emergency treatment

I understand and accept that the long-terms effects of repeated use of Botox® Cosmetic, Dysport® and Jeuveaux injections are unknown. Possible risks and complications that have been identifted but are not limited to: muscle atrophy, nerve atrophy, and production of antibodies with unknown effect to general health.

I have informed the provider of all my know in allergies, including any allergies to latex. **INITIALS**_____

I have informed the provider of all medications I am currently taking including prescriptions, OTC remedies, herbal therapies, and any other medications. **INITIALS**_____

I do not have any known allergies to the toxin ingredients in Botox, Dysport or Jeuveau or to human albumin. **INITIALS**_____

I understand two-week touch-ups are not included and charged at the same rate as the original treatment. **INITIALS**_____

Treatment costs are not refundable and credit card charge backs are against office policy. I agree to this and elect to proceed with treatment. **INITIALS**_____

I am not currently pregnant or nursing, and I understand that should I unknowingly or willingly become pregnant while using any above-listed neurotoxin there are risks, including fetal malfunction and possible demise. **INITIALS**_____

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If pre and post-treatment photos and/or video are taken of the treatment for record purposes. I understand that these photos will be the property of the attending doctor, advanced practice provider, or nurse.
INITIALS_____

I have been advised to seek immediate medical attention if swallowing, speech, or respiratory disorders arise.
INITIALS_____

I certify that I have read and understand this agreement and that all spaces for initials were filled in PRIOR to my Signature.
INITIALS_____

SIGNATURES

Patient's Name (Print): _____ **Date** : _____ /_____ /_____

Patient's Signature : _____ **Date** : _____ /_____ /_____

I certify that I am the treating provider and I have explained the purpose, benefits, risks, complications, and alternatives of the proposed procedure to the patient. I have answered fully, and I believe that the patient fully understands what I have explained. The patient has been told to contact me for any questions or concerns after this treatment/procedure. Post procedure instructions provided.

Injector Signature :_____ **Date** : _____ /_____ /_____

Physician Signature :_____ **Date** : _____ /_____ /_____