**IADVL- Academy**

**SIG (Special Interest Group) Aesthetics 2020-21**

**CONSENT FORM FOR BOTULINUM TOXIN INJECTIONS**

(Please acknowledge the source when using this consent form)

Mr/Mrs./Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the PROCEDURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

TYPE OF BOTULINUM TOXIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procedure Details:**

**I HAVE BEEN INFORMED IN THE LANGUAGE I BEST UNDERSTAND THAT**

Botulinum toxin (Botox® and similar agents like Dysport, Xeomin, Nabota etc.) are neurotoxins produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or nearly disappear. Areas most frequently treated are a) Glabellar area of frown lines, located between the eyes; b) Crow’s feet (lateral areas of the eyes); c) Forehead wrinkles; d) Radial lip lines (smokers lines) e) Masseter Muscle f) Head and neck muscles

Other uses of Botulinum toxin are the treatment of bruxism, jaw reduction (to change the squared-off masculine face into a heart-shaped feminine face and to reduce parotid gland hypertrophy.

Micro Botox is the injection of multiple microdroplets of diluted botulinum toxin A into the dermis for skin rejuvenation. It decreases sweat and sebaceous gland activity, improves skin texture, fine wrinkles and is used for treatment of rosacea.

Botulinum toxin is diluted to a very controlled solution, and when injected into the muscles with a thin needle, it is almost painless. By carefully choosing specific muscles, your doctor relaxes only the wrinkle-producing muscles, preserving your natural facial expressions.

The procedure takes about 15-20 minutes, and the results can last up to 4 months. With repeated treatments, the results may tend to last longer

**It may be essential to** avoid alcoholic beverages at least 24 hours before treatment, avoid anti-inflammatory/blood-thinning medications for 2 weeks before treatment, discontinue topical retinoids 2 days before and 2 days after treatment and have a good breakfast, including food and drink before your procedure.

**I AM ALSO INFORMED THAT**

No procedure is entirely risk-free. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and this specific instance such risks include but are not limited to

Post treatment discomfort, swelling, redness, and bruising, Double vision, a weakened tear duct, Post-treatment bacterial, or fungal infection requiring further treatment, allergic reaction, minor temporary drooping of the eyelid(s), Occasional numbness of the forehead, headache, flu-like symptoms, asymmetrical smile, difficulty in chewing after masseter toxin injections. Most of these side effects are rare and reversible. Variable results are seen due to the patients’ lifestyle, medical profile, age and the extent of severity of ageing which varies from person to person.

All Botulinum toxin injections may not be FDA approved for all cosmetic indications.

Pre and post procedure photographs will be taken which may be used for academic or scientific purposes.

This is not a complete treatment for my ailment and other forms of treatments may be needed for optimum results. There are some other treatments which may help my concerns and those options were adequately discussed with me.

**COST AND PAYMENT**

* I have been informed about the fees and the number of sessions / package. I shall abide by the same

**Consent Letter:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her /his associates to perform procedure of Botulinum Toxin Injections. Further, my signature below indicates my consent for the treatment described and my agreement to comply with the requirements placed on me by this consent form.

I have informed the doctor about my medical history regarding herpes, allergy, acne, keloids, diabetes, and autoimmune disease, treatment with anticoagulants, NSAIDS, blood thinners or corticosteroids etc. I am not pregnant or breast-feeding. In spite of this, I am aware that I may develop any allergy at any point. I give my consent to the doctor to take the necessary measures to treat my allergic reaction, if any develops. Before each treatment, I will inform the doctor if I have taken any new medications since my last treatment.

I have been informed about the other alternative methods as well as their benefits and disadvantages.

I understand that ideal results, this procedure vary from patients to patients. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am also aware that follow-up treatments may be necessary for desired results.

My questions regarding the procedure have been answered satisfactorily.

I hereby release Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her/his designated staff from any liability and side effects associated with above procedure. The payment and fee structure have been informed to me and I agree to abide by the same. I also agree to comply with the recommended aftercare instructions.

**SIGNATURE OF PATIENT/ AUTHORIZED REPRESENTATIVE (in case of minor)**

**Name:**

**SIGNATURE OF WITNESS SIGNATURE OF OPERATING DOCTOR**

**Name: Name:**

**Date: Time: Place:**

**Was Translation to the Patient’s language required: Yes/ No**

**SIGNATURE OF THE TRANSLATOR (Name and Relationship with the patient, if any)**

**POST PROCEDURE CARE:**

* Remain upright for 4 hours after injection (you may lie in a reclined position, just do not lie flat)
* Do NOT receive facial/ laser treatments or microdermabrasion after Botox injections for at least 10 days.
* Exaggerate facial expressions in injected areas for 2-3 hour after injection.
* Do not wear a headband or hat if you have had injections between the brows or in the forehead
* Refrain from aerobic exercise that increases your heart rate significantly (running, swimming, bicycling) for 24 hours following injections. Walking or other low impact forms of exercise are fine
* Do not massage or manipulate injected areas for 24 hours after injections.  Washing your face and applying make-up is fine.
* Refrain from using ibuprofen, aspirin, fish oil supplements, or vitamin E for 24 hours following injection
* If bruising appears, apply ice to the area for 15 minutes every hour to decrease bruising
* The most common side effect is a headache with Botulinum toxin injections.  If you suffer from chronic headache and have prescription headache medication, you may take it as prescribed by your doctor.
* Botulinum toxin will gradually take effect over 24-72 hours with an optimum result at 2 weeks.  If this is your first Botulinum toxin injection, we recommend scheduling a follow-up appointment 2 weeks after your injection.