



Botox Cosmetic PRE – TREATMENT INSTRUCTIONS

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

- Patient must be in good health with no active skin infections in the areas to be treated.
- Patient should not be needle phobic.
- Avoid alcoholic beverages at least 24 hours prior to treatment. Alcohol may thin the blood which will increase the risk of bruising.
- Avoid anti-inflammatory/blood thinning medications ideally, for a period of two (2) weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Gingo Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS are all blood thinning and can increase the risk of bruising/swelling after injections.
- Schedule Botox® appointment at least 2 weeks prior to a special event which may be occurring, i.e. wedding, vacation, etc. etc. It is not desirable to have a very special event occurring and be bruised from an injection which could have been avoided.



Botox Cosmetic POST - TREATMENT INSTRUCTIONS

The guidelines to follow post treatment have been followed for years, and are still employed today to prevent the possible side effect of ptosis (drooping of the eyelids). These measures should minimize the possibility of ptosis.

- No straining, heavy lifting, vigorous exercise for 3-4 hours following treatment. It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve to start its work, and because we do not want to increase circulation to that area to wash away the Botox® from where it was injected.
- Avoid manipulation of area for 3-4 hours following treatment. (For the same reasons listed above.) This includes not doing a facial, peel, or micro-dermabrasion after treatment with Botox®. A facial, peel, or micro-dermabrasion can be done in same appointment only if they are done before the Botox®.
- Facial exercises in the injected areas are recommended for 1-hour following treatment. This is to stimulate the binding of the toxin only to the localized area.
- It can take 2-10 days to take full effect. It is recommended that the patient contact the office no later than 2 weeks after treatment if desired effect was not achieved and no sooner to give the toxin time to work.

Makeup may be applied before leaving the office.

CONSENT TO BOTOX® BOTULINUM TOXIN “A” TREATMENT



PATIENT _____
DATE OF BIRTH _____
ADDRESS _____
PHONE _____

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: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); and c) 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. Initial_____

RISKS AND COMPLICATIONS

It has been explained to me that there are certain 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. Double vision 3. A weakened tear duct 4. Post treatment bacterial, and/or fungal infection requiring further treatment 5. Allergic reaction 6. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks 7. Occasional numbness of the forehead lasting up to 2-3 weeks. 8. Transient headache and 9. Flu-like symptoms may occur. Initial_____

PHOTOGRAPHS

I authorize the taking of the clinical photographs and their use for scientific purposes both in publications and presentations. Initial_____

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant. I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), and Parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin. Initial_____

PAYMENT

I understand that this is an “elective” cosmetic procedure and that payment is my responsibility and is expected at the time of treatment. Initial_____

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. Initial_____

Signature: _____

Date: _____