

BELIFESTYLE™

LUXURY MEDSPA

Botox Cosmetic & Dysport Consent

Patient: _____ DOB ___/___/_____

I have requested that _____ attempt to improve my facial expression lines with Botox Cosmetic or Dysport.

Both products are types of botulinum toxin. These injections have been used for more than 15 years in children and adults to improve the problem of muscle spasm of the facial muscles. These types of toxins have also been useful to correct double vision due to muscle imbalance. For more than ten years these have also been used to reduce wrinkles: injection of minute amounts weakens the muscle and therefore, can prevent frowning, crow's feet, and other lines of facial expression. These can also help wrinkles on the neck and chest.

Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning expected results in my case. For deep frown lines, I understand that the addition of a filler injection may be necessary.

The solution is injected with a small needle into the muscle. Benefits develop over the next five to ten days. I understand that more than one session may be needed to achieve the desired result and that ongoing maintenance treatment is necessary. I understand that the results are temporary and the frequency of maintenance injection is variable, average 3-4 times a year.

People with a history of severe allergies to milk protein, causing hives or anaphylaxis, should not have Dysport injections. People who are lactose intolerant are OK for Dysport injections.

I am not allergic to milk protein _____ (not related to lactose intolerance)
(Initial)

Side effects and complications have been minimal. Occasionally, slight swelling, and/or bruising may last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after an injection, which could cause a temporary drooping of the eyelid and blurred vision. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

I agree that this constitutes full disclosure, and that it supercedes any previous verbal or written disclosures. I certify I have read, and fully understand; the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions.

Witness

Patient Signature

_____/_____/_____
Date