



body TONIC | Rx
laser + skincare + med spa

CONSENT FOR TREATMENT WITH BOTOX, DYSPORT OR XEOMIN

PLEASE INITIAL EACH PARAGRAPH INDICATING YOU UNDERSTAND AND AGREE:

Diagnosis

Facial lines and wrinkles are caused by several factors: aging, Heredity, gravity, sun damage, and muscle action. Muscles of contraction can cause frown lines, horizontal forehead lines, crow's feet, chest wrinkles and neck bands or cords. If these are exaggerated or made worse by intentionally making that expression, then muscle activity is partially responsible for these lines.

Initials _____

Proposed Treatment

Injection of a very small amount of BOTOX/DYSPORT/XEOMIN into the specific muscle causes relaxation of the muscle and improvement of the lines that muscle action has formed.

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This response is usually seen with 2 weeks. If results are not satisfactory after two weeks, please call to schedule an appointment for a re-injection. Typically, the muscle action (and wrinkles) will return in 3-6 months. At this point, a repeat treatment will relax the muscle and soften the lines again. I understand that the beneficial effects of BOTOX/DYSPORT/XEOMIN are not permanent, that several sessions are needed, and that multiple sessions are planned. BOTOX/DYSPORT/XEOMIN is best at treating dynamic facial lines, those caused by muscle activity. Lines present at rest may or may not improve with BOTOX/DYSPORT/XEOMIN.

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Post Injectable Care

You will need to stay erect and not rub, press or manipulate the treatment sites for at least 4 hours. You will consciously use the muscles that were injected for the next 4 hours. This will help the BOTOX/DYSPORT/XEOMIN "take effect".

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Risks & Complications

Side effects experienced by patients who have had BOTOX/DYSPORT/XEOMIN treatments include: headache, migraines, bruising, pain during injection, asymmetry (one side different than the other), twitching, equilibrium problems, numbness and temporary dropping of eyelids or eyebrows. Occasionally, the injection does not work for as long or as well as usual. It would be rare for BOTOX/DYSPORT not to work. Fortunately, these events are incredibly rare.

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Pregnancy & Neurological Disease

I am not pregnant to the best of my knowledge, nor am I breastfeeding, nor do I have any history of neurological disease. I understand that I should not undergo BOTOX/DYSPORT/XEOMIN treatments in any of these situations.

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Alternatives

Because not all facial wrinkles, creases and folds are caused by muscle activity alone, other alternatives exist for their treatment. Chemical or laser peel, blepharoplasty, facelift, forehead/brow lifts, dermal fillers, and topical treatments such as Retin-A or retinoids are alternative or complementary treatments.

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Follow-Up

I agree to follow-up with BODY TONIC two-four weeks following my treatment, or sooner if any problems occur.

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Summary

I have been advised that the object of the procedure I have requested is improvement in appearance, not perfection. It is possible for imperfections to ensue, and that the result may not live up to my expectations or goals. I fully understand that the practice of medicine and surgery is not an exact science, and that any reputable physician cannot guarantee results. I also understand the limitations of this procedure.

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BODY TONIC has fully explained, in terms clear to me, the nature of the procedure to be performed, the foreseeable or common risks and complications. Alternative methods of treatment, as well as what I may experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask any questions I desired regarding the diagnosis and procedure and that these questions have been fully explained to me. I have read this document (or have had it read to me) and I understand its contents. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I hereby give my unrestricted informed consent for the procedure.

Initials _____

ACKNOWLEDGEMENT AND CONSENT FOR TREATMENT

I, hereby, authorize and direct **BODY TONIC** and/or associates or assistants of his or her choice, to perform **BOTOX, DYSPORT OR XEOMIN** on **the MUSCLES OF MY (any).**

I further authorize and direct her or him to perform any other procedure with the exception of **NONE** which in his or her judgment is advisable for my well-being, and to provide such additional service as he or she may deem appropriate including but not limited to the administration of any anesthetic agent.

This consent form is valid until it is expressly revoked and the revocation is communicated to BODY TONIC. I understand and agree that it is my responsibility to communicate my revocation of this consent to BODY TONIC.

Signature/ Date: _____

Witness or Provider/ Date: _____