

MEDILASER

COSMETIC SURGERY AND VEIN CENTER

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BOTOX®/XEOMIN®/DYSPORE® CONSENT

I, _____ understand that I will be injected with Botulinum A Toxin (BOTOX®/XEOMIN®/DYSPORE®) into muscles responsible for movement associated with lines and wrinkles and to weaken or paralyze these muscles temporarily. BOTOX®/XEOMIN®/DYSPORE® injections are FDA-approved for the temporary treatment of frown lines and brow furrows. The most common areas for this therapy are the lines between the eyebrows (glabellar lines,) forehead wrinkles, crow's feet (around the lateral area of the eyes,) and on occasion around the mouth. This therapy is temporary and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available.

Possible side effects of BOTOX®/XEOMIN®/DYSPORE® include but are not limited to:

- Problems swallowing, speaking, or breathing, due to weakening of associated muscles. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months. **(Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®/XEOMIN®/DYSPORE®)**
- Spread of toxin effects. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision, decreased eyesight, swelling of your eyelids, and drooping eyelids, hoarseness or change or loss of voice (dysphonia), trouble saying words clearly (dysarthria), loss of bladder control, trouble breathing, trouble swallowing. **(Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®/XEOMIN®/DYSPORE®.)** There are medications that can help lift the eyelid. However, if the drooping is too great, the eye drops are not as effective. These side effects can last for several weeks or longer and occurs in 2-5 percent of patients
- Serious and or immediate allergic reactions have been reported. These reactions include itchy rash, swelling, and shortness of breath. **(Tell your doctor or get medical help right away if you experience any such symptoms; further injection of BOTOX®/XEOMIN®/DYSPORE® should be discontinued)**
- Dry mouth, discomfort or pain at the injection site, tiredness, dry eyes, neck pain, local numbness, nausea, dizziness, tightness or irritation of the skin, flu like symptoms with mild fever, back pain, and headache. Although many people with chronic headaches or migraines often get relief from BOTOX®/XEOMIN®/DYSPORE®, a small percent of patients get headaches following treatment with BOTOX®/XEOMIN®/DYSPORE® for the first day. These headaches can persist for several days or weeks
- Infections can occur which in most cases are easily treatable, but in rare cases a permanent scarring in the area can occur
- Most people have lightly swollen pinkish bumps where the injections went in for a couple of hours or even several days
- Respiratory problems such as bronchitis or sinusitis
- Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases be permanent
- Asymmetry or unevenness within the treated areas, if present, will be noticed in the first two weeks of therapy and will usually correct itself as the toxin takes effect. It is recommended that you maintain an upright position for at least four hours and not rub vigorously or massage the treated area
- BOTOX®/XEOMIN®/DYSPORE® is not recommended for pregnant or nursing women

The number of units injected is an estimate of the amount of BOTOX®/XEOMIN®/DYSPORE® required to paralyze the muscles. It must be recognized that medicine and surgery are not exact sciences. I understand there is no guarantee of results of any treatment.

I acknowledge and give consent to pre-operative and post-operative digital photography. This digital photography may be used for the purpose of patient chart documentation, scientific presentations, patient awareness and education, or digital photography on the website of Medilaser, Cosmetic Surgery and Vein Center.

I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required.

By signing below, I agree that I have read and understand the above information. I agree to the treatment with its associated risks. I agree my questions have been fully answered to my satisfaction. I hereby release the doctor and facility from liability associated with this procedure.

Patient Signature _____ Date _____ / _____ / _____

Witness _____ Date _____ / _____ / _____

Patient Signature _____ Date _____ / _____ / _____

Patient Signature _____ Date _____ / _____ / _____

Patient Signature _____ Date _____ / _____ / _____

Patient Signature _____ Date _____ / _____ / _____