



NEUROTOXIN

BOTOX®, DYSPORT®, XEOMIN®, DAXXIFY®

AFTERCARE AND CONSENT FORM

Neurotoxin Description

Botulinum toxin type A is an injectable neurotoxin, better known under brand names such as Botox®, Dysport®, Xeomin®, and Daxxify®. Neurotoxin treatments are the most popular single cosmetic procedure in the USA and are mainly used to smooth dynamic wrinkles, or those wrinkles that form as a result of facial movements like frowning, squinting, smiling, and other expressions we tend to make day after day. The treatment works by blocking nerve impulses to the muscles, causing them to relax. As a result, your expressions soften and the dynamic wrinkles are greatly reduced.

Before Your Treatment

- Do NOT consume alcoholic beverages at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising).
- Avoid anti-inflammatory/blood thinning medications, if possible for at least 1 week before treatment. Medications and supplements such as aspirin, vitamin E, ginkgo biloba, ginseng, St. John's Wort, Omega 3/Fish Oil supplements, Ibuprofen, Motrin, Advil, Aleve, and other NSAIDS have a blood thinning effect and can increase the risk of bruising and swelling after injections.
- Schedule your neurotoxin appointment at least 2 weeks prior to a special event that you may be attending, such as a wedding or a vacation. Results from the neurotoxin injections will take approximately 4 to 14 days to appear. Also, bruising and swelling may be apparent in that time period.
- Discontinue Retin-A 2 days before and 2 days after treatment.
- Reschedule your appointment at least 24 hours in advance if you have a rash, cold sore, blemish, or if you are experiencing cold or viral illness symptoms.
- If you have a history of cold sores please let your provider know, they may put you on an antiviral medication prior to treatment.
- To decrease the chances of lightheadedness during your treatment, ensure you have had a recent meal, including food and drink, before your procedure. Please warn the provider if you have a history of fainting.
- You are not a candidate if you are pregnant or breastfeeding and will not be treated.

Post-Treatment Instructions

- Refrain from straining, heavy lifting, and vigorous exercise for at least 4 hours following treatment. It takes the toxin approximately 2 hours to bind itself to the nerve terminal to start its work, and circulation may inadvertently move the botulinum toxin from where it was injected.
- Do NOT lie head down flat, touch, or rub the treated areas for at least 4 hours. Avoid wearing headbands or hats during this time.
- Avoid Aspirin, Motrin, Ginkgo Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids for at least 3 days after treatment. Taking these may increase the risk of bleeding and/or bruising. If you have bruising, it will fade and go away like any other bruise. This may take up to 7-10 days.

- Avoid cosmetic treatments such as laser, ultrasound, peels, facials, or microdermabrasion for 2 weeks after treatment.
- Avoid wearing makeup until the following day. Earlier use may cause pustules.
- Please report IMMEDIATELY to the provider if there is ANY increased pain, increased swelling, redness, blisters, or itching after your treatment.
- If this is your first neurotoxin treatment, please follow up 2 weeks post-treatment with your provider for reevaluation and "after" photos. This will help us evaluate the proper dosage for your next treatment.
- We advise our patients to avoid flying for 24–48 hours after treatment. There are concerns that the changes in air pressure in an airplane cabin can affect the results of Botox® by moving the substance to other muscles in the face.

Neurotoxin Consent Form

The nature of the neurotoxin injections has been explained to me. I understand that just as there may be benefits from the procedure, every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your provider to make sure you understand the risks, potential complications, and consequences of Botox®, Dysport®, Xeomin®, and Daxxify® injections. Although good results are expected, there cannot be any guarantee or warranty expressed or implied with regard to the results that may be obtained. I understand that the following are among the expected side effects of the neurotoxin injections:

Incomplete Result:

It's possible that you won't be satisfied with the result, or that your results may not be complete. You can go in for more injections to get the results you want. However, sometimes, the results may continue to not meet your goals.

Asymmetry:

The human face and eyelid region are normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to BOTOX injections. There may also be differences in how parts of your face respond to BTA injections.

Drug Interactions:

The effect of BOTOX may be potentiated by aminoglycoside antibiotics or other drugs known to interfere with neuromuscular transmission.

Paralysis of Other Muscles:

Although the person who gives you the injection will do his or her best to weaken only the muscles you want smoother, it's possible that the BTA will move and weaken other muscles. You might notice some muscle weakness in other places. This might include drooping eyelids, trouble swallowing, and trouble smiling normally. If you have problems like this, your health provider might suggest other treatments. This can include other medications or more BTA injections to make your appearance more even.

Eye Issues:

Some people have trouble closing their eyes after BTA injections. You may also have problems in your cornea due to dryness. This is rare but if it happens, you may need more treatments such as protective eye drops, contact lenses, or surgery. It's not common, but some people have double vision if the BTA weakens the muscles that control their eyes. In some very rare cases, you may go blind after BTA injections.

Eyelid Ectropion:

Your lower eyelids may become very loose or droopy after BTA treatment.

Antibodies to BTA:

Your body may form antibodies to BTA. Future BTA injections may not work as well. We do not know if these antibodies can have other effects on your health.

Neuromuscular Disorders:

You may have peripheral motor neuropathic disorders (pain, weakness, or numbness in your hands and feet). You may also have disorders like amyotrophic lateral sclerosis, myasthenia gravis, and motor neuropathies that affect your nerve cells. If this happens, you may be at a higher risk of problems or side effects from using BTA.

Migraine Headaches:

BTA can be used in the forehead to treat migraine headaches. The results of treatments like this can vary from person to person. Your migraines may or may not get better after using BTA.

Long-Term Effects:

Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss, weight gain, sun exposure, pregnancy, menopause, or other circumstances not related to BOTOX injections. BOTOX injections do not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary.

Allergic Reactions:

Allergic reactions can occur. Some persons may have a hive-like appearance in the treated area. Some persons have localized reactions to topical ointments/creams. Systemic reactions are rare.

I acknowledge the following has been discussed with me:

- I understand the Risks / Complications / Side effects / Consequences of Neurotoxin injections: allergic reactions, swelling, itching, infection / Asymmetry, bleeding, abnormal/slow/delayed healing, scarring, distortion of anatomic features, redness, dry eyes with corneal irritation, eye damage, chronic pain, delay in skin cancer diagnosis, and lack of permanent results or unsatisfactory results, need for further procedures.
- I understand that compliance with pre- and post-care instructions is crucial for the success of my Neurotoxin and to prevent unnecessary side effects or complications.
- I have discussed the potential risks and benefits of Neurotoxin with my provider. I understand that there is no guarantee of any particular results of any treatment.
- I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should they be required. By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my doctor to my satisfaction and consent to the treatment described above with its associated risks. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the doctor, the person performing the Neurotoxin injection, and the facility from liability associated with this procedure.
- Financial Responsibilities – This procedure is elective and not medically necessary and therefore, not covered by insurance. Any complications requiring additional medical care and/or treatment or revisionary procedures would be the patient's responsibility also. There are no refunds.

For women of childbearing age:

By signing below, I confirm that I am not pregnant and do not intend to become pregnant at any time during the course of the treatment. Furthermore, I agree to keep Honey Skincare Studio and my provider informed should I become pregnant during the course of the treatment.

WRITTEN CONSENT

Photographic documentation will be taken. I hereby do authorize the use of my photographs for teaching purposes.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FORM FOR THE TREATMENT OF ACNE, AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY HONEY SKINCARE HEALTHCARE TEAM.

I have read this form and understand it, and I request the performance of the procedure.

PRINTED NAME:

SIGNATURE:

DATE:
