



WRINKLE RELEASER | BOTOX® INJECTION TREATMENT AFTERCARE & CONSENT FORM

Procedural Description

Botox® is an FDA-approved botulinum toxin type A treatment with an extensive safety profile and decades of clinical research backing its efficacy. Trusted worldwide, Botox is one of the most widely studied medications, approved for both aesthetic and therapeutic applications. It temporarily reduces wrinkles by relaxing targeted facial muscles, making it highly effective for dynamic wrinkles, such as forehead lines, crow's feet, and frown lines. By blocking the nerve signals responsible for muscle contractions, Botox smooths wrinkles and contributes to a more youthful appearance. For optimal results, the FDA has approved dosing up to 64 units for the upper face, ensuring effective treatment and minimizing the risk of under-dosing. Results typically appear within 3-7 days and last approximately 3-4 months.

Benefits of Botox

- **Wrinkle Reduction:** Smooths fine lines and wrinkles, including forehead lines, crow's feet, and frown lines.
- **Non-Surgical Option:** Provides an effective alternative to surgical treatments with minimal downtime.
- **Customizable:** Botox treatments are highly customizable to achieve natural-looking results.

Pre-Treatment Instructions

- **Avoid Blood Thinners:** Discontinue aspirin, ibuprofen, fish oil, and similar supplements at least 7 days prior to reduce the risk of bruising.
- **Alcohol and Smoking:** Avoid alcohol and smoking for at least 24 hours prior.
- **Skin Care:** Avoid Retin-A or other strong skincare treatments 2 days before and after treatment.
- **Hydrate and Eat:** To minimize lightheadedness, ensure you've eaten and are hydrated before your appointment.
- **Health Status:** Reschedule if you have a cold sore, rash, or active illness.

Post-Treatment Instructions

- **Avoid Exercise and Heat:** Refrain from exercise, saunas, and hot tubs for 24 hours.
- **Stay Upright:** Do not lie flat or rub the area for at least 4 hours post-treatment.
- **No Makeup:** Avoid makeup and cosmetic treatments on the treated area for 24 hours.
- **Food and Drink:** Avoid alcohol, caffeine, high-sodium and sugary foods, and cigarettes for 24-48 hours post-treatment.

Expected Results and Limitations

- **Onset:** Effects begin within 3-7 days, with full results visible at 2 weeks.
- **Duration:** Results typically last 3-4 months; maintenance treatments are needed for sustained results.
- **Variable Outcomes:** Results may vary based on individual factors such as skin type and lifestyle.

Potential Risks and Complications

While generally safe, Botox may cause certain risks or side effects, including:

- **Common:** Bruising, swelling, redness, and tenderness at the injection site.
- **Asymmetry:** Minor differences in muscle response may occur.
- **Muscle Weakness:** In rare cases, unintended muscles may be temporarily affected, resulting in drooping eyelids, double vision, or difficulty with certain expressions.
- **Eye and Vision Concerns:** Dryness, eye irritation, or other eye-related issues are rare but possible.
- **Neuromuscular Reactions:** Clients with conditions like myasthenia gravis or ALS may have heightened risk.
- **Allergic Reactions:** Rare but possible. Seek immediate attention if severe reactions occur.

Contraindications

Botox treatment is not suitable for those who:

- Are pregnant or breastfeeding.
- Have known allergies to botulinum toxin or its components.
- Have neuromuscular disorders such as myasthenia gravis or Lambert-Eaton syndrome.
- Have active infections at the injection site.

Financial Responsibilities

This procedure is elective and is not covered by insurance. Any additional treatments or corrections needed due to complications will be the patient's financial responsibility. Refunds are not available.

Special Considerations for Women of Childbearing Age

By signing below, I confirm that I am not pregnant and do not plan to become pregnant during the course of treatment. I will inform my provider immediately if this status changes.

Consent to Clinical Photography

I understand that clinical photographs may be taken before and after my procedure for documentation, treatment planning, and monitoring of progress. These images are confidential and will be securely stored as part of my medical record. They will not be used for marketing or educational purposes without my explicit, separate consent.

WRITTEN CONSENT

By signing below, I confirm that I have read and fully understand the information provided in this consent form for Botox® Injection Treatment. I acknowledge the potential risks, benefits, and aftercare requirements and agree to follow all recommended instructions. I confirm that I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I agree to contact Honey Skincare Studio at 703-589-9665 immediately if I experience any concerns or adverse reactions following the treatment. I consent to the administration of Botox by the trained professionals at Honey Skincare Studio.

PRINTED NAME:

SIGNATURE:

DATE:
