



Pre & Post Botulinum Toxin Treatment Instructions

Pre-Treatment Recommendations:

- Avoid taking aspirin, nonsteroidal anti-inflammatory medications, St John's Wort, Omega 3 fatty acids (fish oil), Vitamin E, and supplements containing green tea for 1-2 weeks prior to treatment to reduce the risk of bruising and bleeding at the injection site.
- Avoid alcohol 24 hours prior to treatment. This will also reduce the risk of bruising and bleeding.

Post-Treatment Recommendations:

- To help the neurotoxin settle in specific muscles, continue to move the areas that have been treated to "work the toxin into the muscles." Make facial expressions that move the treated muscles every ten minutes for two hours. This may help your procedure outcome, it will *not* impact your treatment negatively if you forget to do this.
- Keep upright for four hours after the injections, do not lay flat and use caution when bending over. This is very important to minimize any migration to neighboring muscles and causing an undesirable effect in those muscles.
- For 4-6 hours do not wear hats, do not touch or massage the area, and do not travel by air.
- Refrain from exercise, hot tubs, saunas, or anything else that would increase body temperature and cause an increased blood flow to the area for 24 hours. Feel free to shower and go about most other regular daily activities.
- It can take anywhere from three days up to two weeks for full results to be seen. Please wait the two weeks to evaluate the success of your treatment. The effect of neurotoxin is not permanent. It is recommended to wait at least three months before seeking additional treatments.
- If this is your first treatment with Botulinum Toxin, you may experience an immediate headache, which should subside within the next few hours.
- Call the office or your provider immediately to report any pain, redness, blisters, itching, or skin blanching.



Injectables Questionnaire

1. Have you had any previous injectables?
2. If so, do you know the product that was injected?
3. Have you had any facial surgery?
4. Do you have any allergies to medication?
5. Are you currently taking any medications?
6. Are you pregnant or breastfeeding?
7. Do you have any history of cold sores, canker sores, or shingles? If so, how frequently and where do they occur?
8. Do you suffer from any neurological / neuromuscular disease?
9. Do you suffer from an autoimmune disorder or one that affects your immune system?
10. Do you suffer from TMJ, migraines, or any orofacial pain?
11. Do you grind your teeth?
12. Have you had or do you plan on having any dental work in the past two or next two weeks?



Botox Consent Form

PURPOSE

The purpose of this informed consent form is to provide written information regarding the risks, benefits, and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your healthcare professional prior to signing the consent form.

TREATMENT

Botulinum toxin (Botox® and similar agents) is a neurotoxin produced by the bacterium *Clostridium A*. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); c) forehead wrinkles; d) radial lip lines (smokers lines), e) head and neck muscles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15 - 20 minutes and the results can last up to 3 months. With repeated treatments, the results may tend to last longer.

RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and / or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1. Post treatment discomfort, swelling, redness, and bruising; 2. Double vision; 3. A weakened tear duct; 4. Post treatment bacterial, and / or fungal infection requiring further treatment; 5. Allergic reaction; 6. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks; 7. Occasional numbness of the forehead lasting up to 2 - 3 weeks; 8. Transient headache and; 9. Flu-like symptoms may occur.

PREGNANCY, ALLERGIES, & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), and Parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin.

RESULTS

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2 - 14 days and usually lasts up to 3 months but can be shorter or longer. In a very small number of individuals, the injection



does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. I understand that I will not be able to use the muscles injected as before while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area(s) of the injections for the 4 hours post-injection period.

PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. I understand that photos and videos may be taken of me for educational and marketing purposes. I hold Cloud 9 MedSpa harmless for any liability resulting from this production. I waive my rights to any royalties, fees, and to inspect the finished production as well as advertising materials in conjunction with these photographs.

I state that I read and write in English. I understand this is an elective procedure and I hereby voluntarily consent to treatment with botulinum toxin injections for facial dynamic wrinkles. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the healthcare professional who treated me immediately.