BRONSON	Affix Patient Label
	Patient Name: DOB:

Informed Consent Neurotoxin Injections for Cosmetic Treatment

This information is given to you so that you can make an informed decision about having **Neurotoxin Injections for cosmetic treatment.**

Reason and Purpose of the Procedure:

Botulinum neurotoxins (Botox ®, Xeomin ®) are used for this treatment. They are purified and FDA approved. It is injected into specific muscles causing weakness of that muscle. It is used to temporarily improve the look of both moderate to severe crow's feet wrinkles and frown lines between the eyebrows. The effects take several days to develop. In some cases, the first treatment will not be totally effective. The treatment may need to be done again. Most patients require less frequent injections over time as the muscles weaken from disuse.

Benefits of this procedure:

You might receive the following benefits. Your professional cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Decrease in frown lines (lines between the eyes)
- Decrease in wrinkles that form around the outer corners of the eyes ("crow's feet")
- Decrease in forehead lines

Risks of This Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your professional cannot expect.

These symptoms can happen hours, days, to weeks after you receive **Neurotoxin Injections:**

- **Redness, swelling and bruising at the injection site**: These can be temporary or in rare cases, permanent.
- **An infection can occur at or in the injection site**: You may need antibiotics.
- **Flu-like syndrome:** This is usually temporary.
- **Weakness or paralysis of a nearby muscle**: This is usually temporary.
- **Facial asymmetry**: (Uneven results on each side of the face) this is usually temporary.
- **Allergic reaction to the medication,** this includes: itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Get medical help right away if you are wheezing or have asthma symptoms, or if you become dizzy or faint. **DO NOT** take this treatment if you have a known allergy to ALBUMIN.
- **Spread of toxin effects:** In some cases, the effect of botulinum toxin may affect areas of the body away from the injection site. It can cause symptoms of a serious condition called botulism. These can occur within hours to weeks of having neurotoxin injections.

  The symptoms of botulism include:
  1. loss of strength and muscle weakness all over the body
  2. double vision
  3. Blurred vision and drooping eyelids; if this happens do not drive a car, operate machinery, or do other dangerous activities and call your provider.

Risks associated with smoking:
Smoking is linked to an increased risk of infections. It decreases your skin healing. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity: Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

_____

_____

_____

Alternative Treatments:

Other choices:

- Do nothing. You can decide not to have the procedure.

General Information

Students, technical sales people and other staff may be present during the procedure. A physician oversees this skin care program. A Cosmetic Skin Care Registered Nurse will perform the procedure.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

BRONSON

Affix Patient Label

Patient Name: DOB:

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the Cosmetic Skin Care RN. My questions have been answered.
- I want to have this procedure: **Neurotoxin Injection for Cosmetic Treatment**
- I understand that other staff may help with this procedure. The tasks will be based on their skill level.

Patient Signature_____Date:_____Time:_____

Relationship: ☐Patient/Parent of minor ☐Closest relative (relationship) ☐Guardian/POA Healthcare

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____Date_____Time_____

Interpreter (if applicable)

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and the patient has agreed to procedure.

Provider/Cosmetic Skin Care RN/MA

Signature: _____ Date: _____ Time: _____

Teach Back

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR

____ Patient elects not to proceed: _____ Date: _____Time:_____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____