



INFORMED CONSENT FOR BOTULINUM TOXIN INJECTION (BOTULINUM TOXIN TYPE-A between the patient and Adjuva Primary Care ["APC"].

FOR THE TEMPORARY TREATMENT OF SUPERFICIAL FACIAL WRINKLES:

Please initial after each statement and sign at the bottom:

Botox®, Dysport®, and Xeomin® is the botulinum toxin and works by paralyzing nerves and muscles.

1. I, _____, consent to and authorize APC to perform a treatment of facial wrinkles with Botulinum Toxin Type A.
2. The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction.
3. I understand surgery or other treatment alternatives may be as effective or more effective in reducing the appearance of wrinkles.
4. I am fully aware of the risks of complications or injuries that can occur from this treatment, both from known and unknown causes, and I freely assume those risks.

The known complications could include:

- ❖ Redness, swelling/edema, itching, pain or pressure lasting more than one week
- ❖ Nodules or induration at the injection site
- ❖ Discoloration of the injection site
- ❖ Poor effect
- ❖ Allergic reactions
- ❖ The effects of Botulinum Toxin Type A are apparent 2-5 days after treatment
- ❖ The effects usually last 4-6 months. Periodic retreatment will be necessary to maintain the effects of Botulinum Toxin Type A
- ❖ Repeated treatment may lead to permanent loss of muscle tone in the treated area
- ❖ Bruising
- ❖ Facial asymmetry
- ❖ Paralysis leading to droopy eyelid and double vision
- ❖ Some patients may experience weakness or flu-like symptoms
- ❖ Visual problems
- ❖ Dry Eyes
- ❖ Some patients may develop antibodies to Botulinum Toxin Type A

5. I also certify that I have none of the known conditions that would contraindicate treatment. These conditions include hypertrophy scars, a history of any autoimmune disease, or immune therapy. I am not pregnant, breast-feeding, and I have no known allergy to Botulinum Toxin Type A.

6. I certify that I have read this entire informed consent and that I understand and agree to the information stated in this form. I certify that I am a competent adult of at least 18 years of age. This informed consent is freely and voluntarily executed and shall be binding upon my spouse,



relatives, legal representatives, heirs, administrators, successors, and assigns. I agree that any picture taken of my treatment site may be used for publication and teaching purposes, however, my name will not be disclosed and complete confidentiality of my name will be maintained.

7. No guarantee, warranty or assurance has been made as to the treatment results
8. I will hold APC, its owner[s], agents, and employees completely harmless from all and any litigation or claims made should I have any adverse reaction to Botulinum Toxin Type A or reaction to Botulinum Toxin Type A. Any and all complications should be seen in the emergency room or by your local physician. Any subsequent care or corrections would be at your own cost and without compensation from APC. APC has the right to limit the amount of Botulinum Toxin Type A someone will be given in the session. APC maintain the right, under all circumstances and without penalty, to not perform the procedure should the decision be made by them.
9. If you are planning a LASIK® procedure, please inform the provider as your Botulinum Toxin Type A may be deferred.
10. I understand that the results are of temporary nature, and more treatments will be needed to maintain improvement. I agree to adhere to all safety precautions described here including:

- ❖ No laying down or reclining for four hours after injection
- ❖ No scratching or rubbing the injected area
- ❖ No bending forward for four hours
- ❖ Make up should be avoided for one to two hours after injection

This agreement is non-transferable and may not be altered by anyone without the express written consent of APC. Further, this agreement does not expire.

11. I agree to pay in full for the above mentioned services.

Patient Name (please print)

Signature

Date

Witness Signature

Date