

BOTOX TREATMENT CONSENT

MANDALA AESTHETICS

I give my consent to:

The aesthetic medical treatment known as Botulinum Toxin A Injection (**Botox**). All aspects of this treatment and potential risks and complications have been fully explained to me, and I have had the opportunity to ask questions about the procedure including the limitations. I fully understand all of the answers that have been given to me. I have had the opportunity to discuss alternative forms of treatment or no treatment at all.

I understand that the practice of Botox is not an exact science and therefore no guarantee can be given as to the results of the treatment. I accept and understand that the goal of treatment is improvement, not perfection.

Botox is for temporary improvement of wrinkles or expression lines caused by the action of muscles, specifically the frontalis (forehead), glabella (between eyebrows or "11 lines"), nasalis (bunny lines), and lateral orbicularis region (crows feet). Other areas may be discussed and treated appropriately. I understand that a small amount of the purified Botulinum Toxin A will be injected into a muscle. This will cause temporary weakness and/or relaxation of the injected muscle, which in turn will reduce movement of that muscle causing reduction of the skin wrinkles.

I understand that the effect of the injections may take 3-14 days to appear. The duration of the effect varies from patient to patient, and typically lasts between 2 to 4 months depending on the areas treated and the dosage amount.

My expectations are realistic, and I understand that the results are not guaranteed and that for maximum results, more than one application may be required for desired effects.

I understand that potential side effects can occur despite the suitable election of the procedure and correct application. I understand my provider will take every precaution to minimize the risk of negative reactions such as: Mild tenderness, swelling, redness, pain, itching, bruising, headache, asymmetry, upper eyelid ptosis (drooping), eyebrow ptosis (drooping), diplopia (double vision) and allergic reaction.

I have been informed that it is important to know and share my personal history to establish the knowledge of any possible allergies to medications.

Botox is contraindicated/should not be injected if you are pregnant or breastfeeding. In addition, it is contraindicated with some medical conditions including Myasthenia Gravis and Lambert Eaton Syndrome. It is also contraindicated with aminoglycoside antibiotics (e.g. gentamicin, neomycin). Taking certain medications such as Aspirin, Advil, Ibuprofen (and other NSAIDs) and some cold relief medications may increase risk for bleeding and bruising.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my provider.

I understand the potential risks and complications and have chosen to proceed with the treatment of **Botox** after careful consideration of risks, complications, and limitations.

I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Patient name:	Practitioner Name:
Signature:	Signature:
Date:	Date: