

Allergan Treatment

ALLERGAN TREATMENT

Treatment Disclaimer, Risks, and Declaration of Consent You are considering undergoing a cosmetic injectable treatment using Allergan-manufactured products, including Botox (botulinum toxin type A) and/or Juvederm (hyaluronic acid dermal fillers). These treatments are widely used for reducing fine lines, wrinkles, restoring facial volume, and enhancing aesthetic appearance. It is essential that you understand the nature of this elective treatment, its potential risks and benefits, and the importance of honest, accurate disclosure of your medical history to ensure safe and effective care. By signing this form, you confirm that you have been informed about the treatment and that you are providing voluntary, informed consent.

Are you pregnant, planning pregnancy, or breastfeeding?

Yes No

Do you have allergies to botulinum toxin, hyaluronic acid, lidocaine, or any components of Botox/Juvederm?

Yes No

Do you have any neuromuscular disorders (e.g., myasthenia gravis, Lambert-Eaton)?

Yes No

Have you experienced previous adverse reactions to injectables (Botox, fillers)?

Yes No

Do you have any active skin infections, cold sores, or rashes in the treatment area?

Yes No

Are you taking blood thinners, aspirin, or anti-inflammatory medications?

Yes No

Do you suffer from autoimmune diseases (e.g., lupus, rheumatoid arthritis)?

Yes No

Are you currently undergoing dental work or planning to within 2 weeks post-treatment?

Yes No

Have you had any recent vaccinations or plan to in the next 2 weeks?

Yes No

Have you taken Roaccutane (isotretinoin) in the past 6 months?

Yes No

Do you have a history of scarring, keloids, or poor wound healing?

Yes No

Are you taking any prescription medications or supplements? List below: