

Baby Botox

Status: active Form type: default Company: Acme Inc

DISCLAIMER

PATIENT CONSENT: This is an informed consent form that has been prepared to help inform you of the potential benefits and risks of anti-wrinkle injections. It is important that you read this information carefully and discuss fully with your practitioner before proceeding with treatment. It is also important that you take as much time as you need to consider the treatment carefully, weighing up all your options before reaching an informed decision. It is essential that you are aware of your right to have a second opinion and you are encouraged to ask any questions that come to mind throughout the entirety of the process. **INTRODUCTION:** Anti-Wrinkle injections involve a series of small facial injections of purified botulinum toxin administered into the small muscles of the face. The toxin acts to block nerve signals reaching the muscles which leads to their paralysis. In turn this leads to the softening of the lines and wrinkles in the treated facial areas as the muscles and facial expressions are relaxed. This can reduce the appearance of wrinkled and ageing skin. Depending on the product used, the initial effect may start anywhere between 2 and 7 days. One should allow up to 2 weeks for the maximum effect of the injections. During the 2-week period it is normal to experience some mild unevenness or the product may have taken more strongly in some areas than others. If after 2 weeks there is any persisting unevenness or areas that have not fully taken, then a top up appointment can be arranged to optimise results. Results can last between 3 and 6 months, however they may last for longer or shorter time periods. You must be aware that repeated treatments are needed to maintain results. Repeat anti-wrinkle treatments should not be given within 3 months (excluding top up appointments). Too frequent injections can increase the risk of Botox immunity and lack of effect as well as the possibility of other side effects. I understand that several appointments may be necessary to produce optimal results and I will be notified, in advance of each session of treatment, about the location where the next treatment session is going to take place and the identity of who is going to be involved in my care at each stage. I also understand that I will be kept informed of progress and that I can change my mind at any point. **RISKS OF ANTI-WRINKLE INJECTIONS:** Every medical or cosmetic procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the potential risks and benefits. It is important to state that anti-wrinkle injections are safe and the majority of patients do not experience complications. However, you should read this carefully and fully discuss all the potential risks and complications with your practitioner. As anti-wrinkle injections are a cosmetic procedure the option of not having the treatment is always available. The side effects of anti-wrinkle injections are listed below. Common side effects – pain at the site of injection and during the injections, swelling, inflammation and raised red bumps afterwards at the injection sites. Pain and swelling are usually improved after 48 hours. Bruising may occur at the injection sites which may take up to 2 weeks to resolve. You may experience a headache especially if the forehead has been treated. Headache is usually mild and should resolve within 48 hours, it can usually be managed with simple over the counter pain relief. Sometimes people can faint or feel faint with injections, you must tell your practitioner as soon as possible if you feel unwell during the treatment. Uncommon – nausea or hot flushes, skin infection in the site of treatment which will require medical assessment, unwanted or poor cosmetic outcome, uneven effect on one side, abnormal appearance of the eyebrows for example high arched eyebrow. There is also the possibility that the product may not work or take effect, also there is a small risk of developing immunity to certain toxin products which can lead to loss of effect over time. Prolonged periorbital or eyelid oedema (swelling) is a potential uncommon side effect of lateral orbicularis oculi injections (crows feet injections). Rare- allergic reactions to the product, anaphylaxis (severe allergic reaction) which would require emergency medical treatment and transfer to hospital. Rarely the product may migrate or there may be unwanted weakening of muscles not intended to be treated. This may cause areas of unwanted facial weakness, smile weakness, eyelid ptosis (drooping of the eyelid), eyebrow ptosis (drooping of the eyebrows and heaviness) and interference with vision. Extremely rarely there may be generalised effects of botulinum toxin which could include flu-like symptoms, generalised muscle weakness, swallowing, visual or breathing difficulties. These effects would require emergency medical attention. It is important to note that strictly following the aftercare advice will reduce the risks of product migration and unwanted effects. I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: - the aims/motivations for having the procedure and the desired outcome - the risks inherent in the procedure - the risks inherent in refusing the procedure - the risks specific to me - the expected benefits of the treatment - the potential disadvantages of the treatment - alternative procedures and their pros and cons - including the option of no treatment at all - any uncertainties about and the likelihood of success of the procedure - any follow-up treatment that may be required **CLINICAL PHOTOS AND VIDEOS:** I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. You certify by signing this form that you have read the information in this document and completely understand it. You choose to proceed based entirely on the information provided in this informed consent document. You have been given all the necessary opportunities for discussion and all your questions regarding anti-wrinkle injections have been answered. You therefore and hereby consent to the care or treatment described herein.

Do you understand the information you have been provided?

Yes No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes No

Has your consent been freely given?

Yes No

Do you have any medical conditions?

Yes No

Are you pregnant or breastfeeding?

Yes No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

Yes No

Do you have an autoimmune disease?

Yes No

Do you have any skin conditions?

Yes No

Do you have any known allergies or have ever had anaphylaxis?

Yes No

Do you have any active infection at the intended site of procedure?

Yes No

Are you taking antibiotics or other prescription medications?

Yes No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.