



NEUROTOXIN TREATMENT CONSENT

WE ASK THAT YOU CAREFULLY READ THIS FORM, ASK ANY QUESTIONS YOU MIGHT HAVE AND THEN SIGN BELOW TO DOCUMENT YOUR CONSENT TO UNDERGO TREATMENT.

I, _____, authorize Robert J. Rossio, M.D. to perform neurotoxin injections for the purpose of the cosmetic treatment for severe frown lines and wrinkles.

INTRODUCTION

Neurotoxin injections temporarily relax the muscles in the glabella (between the brows), forehead or crow's feet (lateral area around the eyes). Neurotoxin injections have been FDA approved for use in the cosmetic treatment for the glabella frown lines only.

HOW IS IT PERFORMED

Neurotoxins are injected with a needle into the small muscles between the brows. The injection causes those specific muscles to halt their function (become temporarily paralyzed), thereby, temporarily improving the appearance of wrinkles. Re-injection is necessary every 3 or 4 months to maintain optimal results.

HOW MANY TREATMENTS ARE RECOMMENDED?

The results of neurotoxin injections are temporary. The relaxation of the muscles is temporary and re-injection will be necessary within 3 or 4 months. Additionally, the number of units injected is an estimate of the amount of neurotoxin required to relax the muscles. As a result, more than one injection may be needed to achieve a satisfactory result. As neurotoxins are not an exact science, there might be an uneven appearance of the face with some muscles more affected by the neurotoxin than others. In most cases this uneven appearance can be corrected by injecting additional neurotoxins into the same or nearby muscles. However, in most cases this uneven appearance can persist for several weeks or months.

ARE THERE ANY SIDE EFFECTS?

There are potential risks and side effects associated with neurotoxin injections. Most people have slightly swollen, pinkish bumps where the injections went in for a couple of hours or even several days. Bruising is possible and can last for several hours, days, weeks, months and in **rare cases the effect of bruising could be permanent**. There is also a risk of swelling, rash, pain at the injection site, headache, local numbness, back pain, nausea, dizziness, tightness or irritation of the skin, respiratory problems such as bronchitis or sinusitis, and allergic reaction associated with neurotoxin injections. While local weakness of the injected muscles is representative of the expected pharmacological action of neurotoxins, **weakness of adjacent muscles may also occur**. Although many people with chronic headaches or migraines often get relief from neurotoxins, a small percentage of patients get headaches following treatment, the first day. In a small percentage of patients, **headaches can persist for several days or weeks**. Neurotoxin injections may cause paralysis of the eyelids, which may result in corneal exposure due to not being able to blink the eyelids sufficient enough to protect the eye, **which may cause impaired or double vision**, which is usually temporary. **Reduced blinking has also been associated with corneal ulcerations**.

NOTE: THIS LIST IS NOT INCLUSIVE OF ALL POSSIBLE RISKS AND SIDE EFFECTS ASSOCIATED WITH NEUROTOXIN INJECTIONS.



LIMITATIONS:

Most patients are pleased with the results of neurotoxin injection treatments. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is also no guarantee that wrinkles will disappear, or that you will not require additional or alternative treatments to achieve the results you desire.

NO GUARENTEE HAS EVER BEEN GIVEN TO ANYONE AS TO THE RESULTS THAT MAY BE OBTAINED BY THIS TREATMENT

RESTRICTIONS:

Neurotoxin injections should not be administered to a pregnant or nursing woman. Dysport should not be administered to any patient that is allergic to cow's milk protein.

I hereby certify that I am not pregnant or nursing.

I hereby certify that, if wanting to receive Dysport, I am not allergic to cow's milk protein.

I further agree to follow all aftercare instructions provided to me, including, a mandatory 2 week follow-up appointment after my first injection with Dr. Rossio.

Initial Here: _____

ALTERNATIVE THERAPIES.

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration may include skincare products and treatments, surgery or other treatments.

ACKNOWLEDGEMENT AND CONSENT FOR TREATMENT

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE INFORMATION PRESENTED TO ME BEFORE SIGNING THIS ACKNOWLEDGEMENT AND CONSENT, THAT THE BENEFITS AND RISKS, AS WELL AS THE ALTERNATIVES TO THE TREATMENTS/SERVICES HAVE BEEN FULLY EXPLAINED TO ME, AND ALL QUESTIONS THAT I MIGHT HAVE ABOUT THE TREATMENTS OR SERVICES HAVE BEEN ANSWERED IN A SATISFACTORY MANNER. I HEREBY GIVE UNRESTRICTED, INFORMED CONSENT TO RECEIVE THE TREATMENT/SERVICE. I UNDERSTAND THAT THIS SERVICE GENERALLY CONSISTS OF A SERIES OF TREATMENTS/SERVICES TO ACHIEVE MAXIMUM RESULTS. THIS ACKNOWLEDGEMENT AND CONSENT SHALL APPLY TO ALL SERVICES RENEDED TO ME BY COSMETIC REJUVENATUON CENTER, INCLUDING ONGOING OR INTERMITTENT TREATMENTS.

I ACCEPT FULL FINANCIAL RESPONSIBILITY FOR THIS TREATMENT AND ALL SUBSEQUENT TREATMENTS. I FURTHER AGREE IN THE EVENT OF NON-PAYMENT, TO BEAR THE COST OF COLLECTIONS INCLUDING COURT COSTS AND ATTORNEY FEES, SHOULD THIS BE REQUIRED.

Patient Signature: _____

Date: _____

Patient Name (Print): _____

Date: _____



Cosmetic
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