

# pelle — spa

## Informed Consent for Neurotoxin Injections

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Neurotoxins (such as Botox and Jeuveau) are neuromuscular blocking agents that are injected into target facial muscles to intentionally produce weakness or temporary paralysis of the muscle. This results in the relaxation of the muscle and improvement of the lines and wrinkles that the targeted muscle action produced, or improved contour of the face. The response is usually seen in 3-10 days after injection. In some rare cases, the effect of the neurotoxin may spread and effect other areas of the body away from the injection site.

There are certain inherent and potential risks and side effects in any invasive procedure, and in this instance such risks include, but are not limited to:

- discomfort, swelling, redness, and or bruising at the injection sites
- headache or flu-like symptoms
- double vision, blurred vision, and/or drooping eyelids
- muscle weakness, difficulty swallowing or breathing
- infection or increased white blood cells
- allergic reaction

It is common for the muscles action along with associated wrinkles to return in 3-6 months. Repeat injections are necessary to maintain its effects. Neurotoxins are designed to treat lines and wrinkles caused by muscle action, and some lines, at rest, may not improve with treatment. Although results are frequently dramatic, as high as 10% of patients may not respond to these treatments for unknown reasons. I understand that the practice of medicine and surgery is not an exact science and that no guarantees can or have been made concerning the expected results in my case. Repeated injections may be necessary in certain muscle groups to obtain the desired results. There will be a charge for each treatment administered. I understand that multiple treatments sessions may be planned, which are completely at my discretion as to the number, extent, and/or amount. I understand that fewer facial expressions are possible, and expected, after my injections with neurotoxins.

I understand that after my treatment, I must:

- stay upright and not lay down for 4 hours
- not massage the injection sites for at least 4 hours
- not wear hats or headbands for at least 4 hours
- not workout the day of the treatment

I attest that I:

- am NOT pregnant or breastfeeding
- do NOT have any neurological diseases (ALS or Lou Gehrig's, Myasthenia gravis, or Lambert-Easton Syndrome)

If taking Aminoglycoside antibiotics (Penicillin, Quinine), I understand that these medications may potentiate the effect of the neurotoxin.

The injection of neurotoxins has been explained to me and my questions regarding such treatment, its alternatives, and its complications and risks have been answered by my health care provider. I understand that the FDA has approved such neurotoxins only for the glabellar region and for 'crows feet' around the eyes, and that injection into any other area is considered off-label use.

My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.

I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for marketing and/or literature.

I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.

I have been given and have read and understand the pre- and post-care instructions

I am aware that it is my responsibility to inform Pelle Spa providers of my current medical conditions. I agree to abide by the above policy statements. I understand that, as with any cosmetic procedure, individual results may vary and that NO refunds will be given. I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if i choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

**Signature**

\_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent/Guardian (if patient is under 18)**

\_\_\_\_\_ Date \_\_\_\_\_

**Provider Name and Signature**

\_\_\_\_\_ Date \_\_\_\_\_

\*This consent is good for one year.