

CLIENT INFORMATION

Full Name:

Product:

Address:

Product

Label:

Telephone:

This informed consent form aims to provide written information regarding the risks, benefits and alternatives of the procedure named above.

This material serves as a supplement to the discussion you have with your doctor/healthcare provider. You must fully understand this information, so please read this document thoroughly. Ask your doctor/healthcare professional if you have any questions regarding the procedure before signing the consent form.

TREATMENT EXPLANATION

Botulinum toxin (Botox® and similar agents) is a neurotoxin produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles in areas of the face and neck, causing wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can make dynamic facial expression lines or wrinkles less noticeable or essentially disappear.

Areas most frequently treated are:

- glabellar area of frown lines, located between the eyes
- crow's feet (lateral areas of the eyes)
- forehead wrinkles - Botox is diluted to a very controlled solution, and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected.
- The procedure takes about 15-20 minutes, and the results can last up to 3 months. With repeated treatments, the results may tend to last longer

RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but unforeseen risks may not be included on this list. Some of these risks, if they occur, may necessitate hospitalisation and extended outpatient therapy to permit adequate treatment.

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure, and in this specific instance, such risks include, but are not limited to:

- Post-treatment discomfort, swelling, redness, and bruising. Double vision.
- A weakened tear duct.
- Post-treatment bacterial and fungal infection requiring further treatment.
- Allergic reaction.
- Minor temporary eyelid(s) hang in approximately 2% of injections; this usually lasts 2-3 weeks.
- Occasionally, the forehead may drop/weakness can result in a temporary eyebrow drop lasting 6 weeks or more.
- Occasional numbness of the forehead lasts 2-3 weeks.
- Transient headache.
- Flu-like symptoms may occur.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE (PLEASE TICK APPROPRIATE BOX)

I am not aware that I am pregnant YES NO

I am not lactating (nursing) YES NO

I am not trying to get pregnant YES NO

For concerns, please contact: #01234 567890# or youremail@gmail.com

We would like to thank NATA (nataonline.co.uk) for their help in verifying that all the consent forms are complete.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE (PLEASE TICK APPROPRIATE BOX)

I do not have any significant neurologic disease, including but not limited to:

- | | | |
|--------------------------------------------------------------------------|------------------------------|-----------------------------|
| • Myasthenia Gravis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Multiple Sclerosis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Amyotrophic lateral sclerosis (ALS) or Parkinson's | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Lambert-Eaton Myasthenic Syndrome (LEMS) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • I do not have any allergies to the toxin ingredients or human albumin. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

RIGHT TO DISCONTINUE TREATMENT:

I understand that I have the right to discontinue treatment at any time. PUBLICITY MATERIALS I authorise the taking of clinical photographs and videos and their use in publications and presentations for scientific and marketing purposes. YES NO

RESULTS

I am aware that when small amounts of purified botulinum toxin are injected into a muscle, it causes weakness or paralysis of that muscle. This appears in 2 - 10 days and usually lasts up to 3 months, but can be shorter or longer. In a minimal number of individuals, the injection does not work as satisfactorily or for as long as usual, and some individuals do not respond at all.

I understand I will be unable to use the muscles injected as before while the injection is effective, but this will reverse after months, when re-treatment is appropriate.

I understand that I must stay in an erect posture and that I must not manipulate the area (s) of the injections for the 2 hours post-injection period.

I understand this is an elective procedure, and I hereby voluntarily consent to treatment with botulinum toxin injections for facial dynamic wrinkles.

The procedure has been fully explained to me.

I also understand that any treatment performed is between the Aesthetic Nurse Practitioner and me.

I will direct all post-operative questions or concerns to the treating clinician.

I have read the above and understand it.

My questions have been answered satisfactorily.

I accept the risks and complications of the procedure, and I know that no guarantees are implied regarding the procedure's outcome.

I also certify that if I have any changes in my medical history, I will notify the Aesthetic Nurse Practitioner who treated me immediately.

CLIENT DECLARATION

I confirm I have had the opportunity to ask questions, that these have been answered to my satisfaction, and that I freely choose to proceed with my treatment.

Client Signature: Date:

Practitioner Signature: Date:

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