INFORMED CONSENT FOR DYSPORT® (BOTULINUM TOXIN A INJECTIONS)

INTRODUCTION
DYSPORT® injections involve a series of small subcutaneous injections designed to weaken certain muscles that cause skin wrinkling. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7-14 days. Results can last 3-6 months. The procedure can be repeated after 3 months; however, injections given at less than 3 month intervals may not produce a noticeable effect.

ALTERNATIVE TREATMENTS
Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin include laser ablation, chemical peels, dermal filler, minimally invasive procedures and face lift. Alternative forms of treatment are all associated with certain risks.

RISKS OF DYSPORT® INJECTIONS
Every 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 risk to potential benefit. Although the majority of patients do no experience these complications, you should discuss each of them with your provider to make sure you understand the risks, potential complications, and consequences of DYSPORT® injections.

- Bleeding It is possible, though unusual, to experience localized bleeding episode during or after the procedure at the site(s) of injection. Do not take any aspirin or anti-inflammatory medications for ten days prior to your DYSPORT® injection appointment.
- Bruising Following this procedure, it is not uncommon to bruise at the injection site. Bruising usually resolved in 3-4 days.
- Infection Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.
- Unsatisfactory Results You may be disappointed with the results of the procedure. The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation.
- Allergic reactions in rare cases, local allergies to botulinum toxin A preparations (including DYSPORT®) have been reported. Systemic reactions, which are more serious, may result from any medication or substance used during the procedure. Allergic reactions may require additional treatment.
- Drooping of the eyelids (Ptosis)
  This is a rare but transient complication occurring in 1-2% of patients. The incidence can be minimized by positioning post injections. Ptosis usually resolves within several weeks but may take longer.
- Additional Procedures
  Should complications occur, other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with DYSPORT® injections. Although good results are expected, there cannot be any guarantee or warranty expressed or implied with regard to the results that may be obtained.
DISCLAIMER

Informed consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing this consent.

1. I, _______________________________________ hereby authorize doctors and such assistants or appropriately trained, licensed and credentialed medical staff members under their supervision as have been selected to perform the following procedure or treatment:

   Injection of Dysport (Botulinum Toxin Type A) for treatment of facial rhytids

2. I hereby release my technician, the facility and the doctor from liability associated with this procedure.

3. I recognize that during the course of the medical treatment, unforeseen conditions may necessitate different procedures that those above. I therefore authorize the physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgement necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I acknowledge that a follow up treatment may be necessary. I understand that additional units of “Toxins” may be purchased during the follow up treatment at the same per unit price as the initial visit.

6. It is not uncommon to get a small reddened area or a bruise at the site of injection. If this persists or you are concerned, call our office.

7. For the purposes of medical record keeping and clinical reporting, I consent to the taking of photographs.

8. For the purposes of advancing medical education, I consent to the admittance of observers.

9. I authorize the release of my Social Security Number to appropriate agencies for legal reporting, if applicable.

10. It has been explained to me in a way I understand:

    I. The above treatment or procedure to be undertaken
    II. Alternative procedures of methods of treatment
    III. The risks to the procedure or treatment proposed

I consent to the treatment or procedure and understand the above listed items (1-10). I am satisfied with the explanation.

________________________________________________________  ____________________________
Client or Person Authorized to Sign for Client             Date

________________________________________________________  ____________________________
Witness                                                     Date