

Botox[®] Cosmetic / Dysport / Xeomin Patient Consent Form



Patient Name: _____ Date: _____

Please read each paragraph and *initial* that you have read and understand the information.

_____ I have requested that Yanetsi F. Landa, MD or her designee attempt to improve my facial lines with Botox[®] Cosmetic/ Dysport/ Xeomin. These are approved by the FDA to improve the appearance of the vertical lines between the brows and lines around the eyes. A few tiny injections of Botox[®] Cosmetic will relax overactive muscles and soften those vertical lines. The practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

_____ The solution is injected with a tiny needle into the muscle and you should see the benefits develop over the next 4 to 14 days. A decreased appearance of frowning or creasing of lines will be the result of this treatment. The lines may still be noticeable but should improve if the treatments are continued.

_____ Although infrequent, the most common side effects are headache, temporary eyelid droop, and nausea. Other side effects reported in the literature, which are extremely rare are respiratory infection and flu like syndrome. Injections should not be done if there is an infection at the injection site, or if you have an allergy to cow's milk protein, do not use Dysport. Additionally, slight temporary bruising may occur at the injection site. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

_____ I consent to the use of a topical anesthetic to numb the area(s) being treated. If needed potential side effects include localized swelling, erythema, and allergic reactions.

_____ I understand that the results are temporary and subsequent or follow-up treatments may be needed for optimal results, usually 3 months.

_____ I consent to the taking of photographs prior, during, and after my treatment for the purpose of documentation/ to be used in my file and as part of our before/after case studies. If you do not want your identity known, we will ensure any pictures used to portray results are anonymous.

_____ I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs. I certify that I have had sufficient opportunity for discussion and to ask questions. I consent to this Botox[®] Cosmetic / Dysport/ Xeomin treatment today and for all subsequent treatments.

_____ I understand that all payments are due before my session via credit card or cash [no checks accepted] and all sales are final. No exchanges or refunds.

_____ The lip flip is a cosmetic injectable treatment with a neurotoxin (Botox, Dysport or Xeomin) that helps to slightly shape the lip slightly outward to create fuller, poutier and more shapely lips. It can be used as a standalone treatment or in combination with lip fillers for added volume.

Patient Signature: _____ Date: _____

Dr. Signature: _____

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