



Shining Way Esthetics

Patient Consent Form

Botulinum Toxin Type A (Botox[®] Cosmetic, Dysport[®], Xeomin[®])

To the Patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo Botox[®] Cosmetic treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that Dr. Adherbal “Herb” de Souza Neto, DNP, WHNP-BC, MEP-C attempt to improve my facial lines with botulinum toxin type A, commonly referred to as Botox[®] Cosmetic by Allergan, Inc., Dysport[®] by Galderma, Inc., or Xeomin[®] by Merz, Inc. These injections have been used for more than a decade to improve spasm of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. Botox[®] Cosmetic, Dysport[®], and Xeomin[®] are approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of Botox[®] Cosmetic, Dysport[®], and Xeomin[®] relax overactive muscles and soften those vertical lines. Injection in other areas to improve appearance of facial lines has been reported in the literature, but the FDA has not approved those uses. The results of Botox[®] Cosmetic, Dysport[®], and Xeomin[®] are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. Patient initials

The Botox[®] Cosmetic, Dysport[®], and Xeomin[®] solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next three to ten days with maximum correction within 2 weeks. A decreased appearance of frowning or creasing of other lines will be the result of this treatment. Patient Initials

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid droop and nausea. Botox[®] Cosmetic, Dysport[®], and Xeomin[®] should not be used if there is an infection at injection site. 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. Patient Initials

I understand that the results are temporary and several sessions may be needed for optimal results, and that results may vary from patient to patient. I also understand that there are a small percentage of patients who do not respond to Botox[®] Cosmetic, Dysport[®], and Xeomin[®] at all. Patient Initials

Since most uses of Botox[®] Cosmetic, Dysport[®], and Xeomin[®] are considered cosmetic, they are generally not reimbursable by government or private health care insurers. Payment in full is required at the time of service and is non-refundable. I also understand that the cost of additional treatments, including enhancements, to help me achieve my desired goals, will be my financial responsibility. Patient Initials

I agree that this consent for treatment constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have disclosed any and all health conditions that may influence the practitioner’s decision to provide or deny treatment. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this Botox[®] Cosmetic, Dysport[®], and Xeomin[®] treatment today and for all subsequent treatments.

Patient Signature: _____ Date: _____

Printed Name: _____

Practitioner Signature: _____ Date: _____

Printed Name: _____