


NORTHERN VIRGINIA SURGICAL SPECIALISTS

The purpose of this informed consent form is to provide written information regarding the risks, potential side effects, benefits, and alternatives of the procedure named above. Please read this document thoroughly. If you have any questions regarding the procedure, ask your provider/healthcare professional prior to signing the consent form.

THE TREATMENT

Botulinum toxin (Botox® and similar agents) is a neurotoxin produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or essentially disappear. The procedure involves a series of small subcutaneous or intramuscular injections. Patients may feel a slight burning sensation while the solution is being injected. You will notice the weakening of injected muscle after 2-3 days with the peak effect being reached after 14 days. Results usually last 2-5 months. With repeated treatments, the results may tend to last longer.

Dermal filler injections (i.e. Restylane, Juvederm) are used to smooth moderate to severe facial wrinkles and folds as well as shape and enhance facial contours.

Initial ____

RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and this specific instance such risks include but are not limited to: 1. Post treatment discomfort, swelling, redness, and bruising, 2. Double vision, 3. A weakened tear duct, 4. Post-treatment bacterial, and/or fungal infection requiring further treatment, 5. Allergic reaction, 6. Minor temporary droopy eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 7. Occasional numbness of the forehead lasting up to 2-3 weeks, 8. Transient headache, 9. Skin lumpiness, 10. Facial asymmetry, 11. Skin necrosis, 12. Accidental intra-arterial injection, 13. Nerve injury, 14. Migration of filler product, 15. Unsatisfactory results. Should complications occur, other treatments may be necessary.

I understand that the results of my treatment cannot be guaranteed. I understand the results are temporary and several sessions may be needed for optimal results.

Initial ____

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant. I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenia gravis, multiple sclerosis, lambert-eaton syndrome, amyotrophic lateral sclerosis (ALS), and Parkinsons. I do not have any allergies to the toxin ingredients, or to human albumin.

Initial ____

ALTERNATIVE PROCEDURES

I acknowledge that alternative methods and their benefits and disadvantages have been fully explained to me.

Initial ____



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PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment.

Initial ____

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. Initial ____

PUBLICITY MATERIALS

Photographs and videos may be taken before and after treatments to monitor progression. I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in presentations and social media.

Initial ____

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 very small 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 that I will not be able to use the muscles injected as before while the injection is effective but this will reverse after a period of time at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area (s) of the injections for the 4 hours post-injection period.

Initial ____

I understand this is an elective procedure and I hereby voluntarily consent to treatment with botulinum toxin and/ or dermal filler injections. I certify that I have read and fully understand the above paragraphs, and I have had sufficient opportunity for discussion and to ask questions. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately. **I consent to botulinum toxin and/ or dermal filler injections treatment today and for all subsequent treatments unless I withdraw consent in writing.**

Patient Name

Date of Birth

Patient Signature

Date