



Botox/Dysport is the botulinum toxin and works by paralyzing nerves and muscles

1. I, _____, consent to and authorize Flawless Fillers staff to perform treatment of facials wrinkles with Botox. _____
2. The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction. _____
3. I understand surgery or other treatment alternatives may be as effective or more effective in reducing the appearance of wrinkles _____
4. I am fully aware of risks of complications or injuries that can occur from this treatment, both from known and unknown causes, and I freely assume those risks. _____

The known complications include

- Redness, swelling/edema, itching, pain, pressure lasting more than one week
- Nodules or indurations at the injection site
- Discoloration at the injection site
- Poor effect
- Allergic reactions
- The effects of Botox/Dysport are apparent 2-5 days after treatment
- The effects usually last 3-6 months. Periodic treatment is necessary to maintain the effects of Botox/Dysport
- Repeated treatment may lead to permanent loss of muscle tone in the treated area
- Bruising
- Facial Asymmetry
- Paralysis leading to droopy eyelid and double vision
- Some patients may experience weakness or flu-like symptoms
- Visual problems
- Dry eyes
- Some patients may develop antibodies to Botox/Dysport

5. I also certify that I have none of known conditions that would contraindicate treatment. These conditions include hypertrophy scars, history of autoimmune disease, or immune therapy. I am not pregnant, breast-feeding and I have no known allergy to Botox/Dysport. _____
6. I certify that I have read this entire informed consent and that I understand and agree to the information stated in this form. I certify that I am at least 18 years of age.

Informed consent is freely voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns. I agree that any picture taken of my treatment site may be used for publication and teaching purposes however my name will not be disclosed and complete confidentiality of my name will be maintained. _____

7. No guarantee, warranty, or assurance has been made to treatment results _____
8. I will hold Flawless Fillers, and it's owners, agents, employees, and shareholders completely harmless from all and any litigation or claims made should I have any adverse reaction to Botox/Dysport. Any and all complications should be seen in the emergency room or by your local physician.
9. I am NOT planning on receiving a LASIK procedure in the near future
10. I understand that the results are of temporary nature and more treatments will be needed to maintain improvement. I agree and adhere to all the safety precautions including the following:
 - a. No laying down or reclining for 4 hours after the injections
 - b. No scratching or rubbing the injected area
 - c. No bending forward for 4 hours
 - d. Makeup should be avoided for 2 hours after injection
11. I understand that the payment is due in full at the completed procedure, we accept all major credit cards and cash, no checks at this time _____

Patient name: _____

Signature: _____

Date: _____