CONSENT FOR DYSPORT® & BOTOX® INJECTION THERAPY

Please initial each section to indicate your understanding. Do not initial if you desire more information.

Treatment and Anticipated Benefit

Botox® and Dysport® work by blocking impulses that trigger muscle contractions causing weakness or paralysis in the treated muscles of the face. This results in temporary improvement in the appearance of moderate to severe wrinkles. For the purposes of this consent, both Botox® and Dysport® will be referred to as "the product." Treatment with the product can cause facial expression lines or wrinkles to essentially disappear. There will be limited or no movement in the muscles that have been treated. This will reverse after a period of months and more treatment will be required at that time. In a very small number of individuals, the product is not effective.

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I understand that Botox® and Dysport® are Health Canada approved for the treatment of frown lines and Botox® is also Health Canada approved for the treatment of crow's feet. Other areas of the face, such as forehead lines, are considered "off-label" but are widely accepted and commonly treated in the cosmetic community. Most areas of the face can be treated. The product is injected into the muscles with an ultra-fine needle and is almost painless. You may feel a slight burning sensation while the solution is being injected. The procedure takes approximately 15-20 minutes. Effects appear within 2-12 days and the results last approximately 3-4 months. Dysport® has been shown to work quicker, and last approximately 2 weeks longer in clinical trials. With repeat treatments, treatment results may last longer. **Initial_____**

Contraindications

I understand I should **not** receive treatment with Botox® or Dysport® if I:

- Am pregnant, trying to become pregnant, or breast-feeding
- Have neurological diseases including but not limited to: Myasthenia Gravis, Multiple Sclerosis, Lambert Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS) or Parkinson's disease
- Have an active skin infection, inflammation, tumour, or prior surgery in the treatment site
- Have known allergies to the product ingredients (human albumin, lactose monohydrate) or cow's milk protein (Dysport)
- Have had an allergic or otherwise bad reaction to Botox®/Dysport® in the past
- Am taking any of the following medications: aminoglycosides, nerve blockers (anticholinesterases, succinylcholine), lincosamides, polymyxins, quinidine or magnesium sulfate

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Adverse effects

In general, adverse (bad) reactions occur within the first few days following injection, and while usually temporary, may last several months, or in rare cases, longer. Local muscle weakness is the expected action of Botox®/Dysport®; however, weakness of nearby muscles associated with local spread and/or injection technique has been reported. An example includes drooping of the eyelid or uneven eyebrows **Initial_____**

Uncommon side effects (1-3% of people) include:	**Common** side effects (10-20% of people) include:
• pain/burning/stinging • swelling and/or redness • numbness or tingling sensation • skin tightness • nausea, vomiting, loss of consciousness	• headache after treatment of forehead lines • bruising • eyelid swelling • sore or itchy forehead

These side effects were described as mild to moderate in severity and were all temporary. Lines or wrinkles adjacent to the treatment area may appear to worsen in some instances. For any unexpected side-effects with Botox®/Dysport® treatment, contact your doctor or injector immediately. **Initial_____**

Risks and Potential Complications
It has been explained to me that there are certain potential temporary or permanent risks and side effects of the product. I have thoroughly reviewed and have been provided with a copy of the "Botox® and Dysport® Post-Treatment Instructions" which I will keep and review immediately after treatment and as needed, and therefore understand all risks and potential complications of the treatment. I should follow these instructions to minimize the risk of complications. **Initial_____**

I hereby voluntarily consent to the administration of Botox® or Dysport® for the cosmetic treatment of my facial wrinkles. The procedure has been thoroughly explained to me and all of my questions have been answered. I have been made aware that other options may exist such as: doing nothing; topical creams; chemical peels; laser treatments; surgical removal of the frown muscles; forehead/brow lift; facelift; collagen or hyaluronic acid treatments. I will notify my injector immediately with any questions or concerns related to the procedure. For any concerning symptoms, I will seek medical attention or contact my injector immediately. Furthermore, I understand that the treatment effect will gradually wear off and additional treatments will be necessary to maintain the desired effect. I understand that the actual degree of improvement cannot be predicted or guaranteed. I agree to pay today's treatment in full and have been advised that a two week follow up appointment is encouraged to assess the effect of the treatment. If more product is required, additional fees will be required at that time. **Initial_____**

I understand that my picture will be taken by the nurse and understand that my picture may be used as evidence of treatment and service. My appearance will be kept anonymous as much as possible and the focus of the picture will be on the treatment provided and its effect. I authorize my clinical photographs to be used for scientific purposes both in publications as well as social media and presentations for educational purposes.

Yes_____ **No_____** **Initial_____**

Patient Name (Print) **Signature** **Date**

I am the treating health care practitioner and have thoroughly reviewed both verbally and in writing the above including the risks, benefits, and alternatives with the patient. There are no known contraindications to treatment. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact me should they have any questions or concerns related to this treatment or procedure and has been provided with my contact information accordingly.

Nurse Practitioner (Print) **Signature** **Date**