

Cosmetic Injectables

Supplemental Informed Consent

1. INTRODUCTION

This informed consent document is intended to educate you about the risks, benefits, and alternatives to treatment with **Botulinum Toxin** (such as **Botox®**, **Dysport®**, **Xeomin®**) and **Injectable Dermal Fillers** (such as **Juvederm®**, **Restylane®**, **Belotero®**, **Radiesse®**, **Sculptra®**). Treatment allowable by the state Dental Practice Act will be performed in our office by licensed individuals who are trained and qualified to perform the procedures.

Please read each section carefully and feel free to ask any questions before signing.

2. TREATMENT GOALS

Botulinum Toxin and Dermal Fillers are used to soften facial lines and wrinkles, add volume to areas of the face, improve symmetry and facial contour, and minimize signs of aging. While these treatments are commonly effective, results vary between individuals, and no guarantees can be made regarding outcome.

3. DESCRIPTION OF PRODUCTS AND METHOD OF ACTION

- **Botulinum Toxin (Botox®):** A purified protein injected into targeted muscles to temporarily block nerve signals and reduce muscle activity that causes wrinkles (e.g., frown lines, crow's feet, forehead lines).
- **Dermal Fillers:** Injectable gels made from biocompatible substances that restore lost volume and smooth facial lines or augment features (e.g., lips, nasolabial folds, under-eye hollows).

4. POSSIBLE RISKS AND SIDE EFFECTS

Common temporary side effects may include redness, swelling, tenderness, bruising at the injection site, headache or flu-like symptoms, and minor discomfort during or after the procedure.

Less common but possible side effects may include infection, allergic reaction, lumps or nodules under the skin, asymmetry or uneven results, skin discoloration, temporary or permanent numbness, and migration of product.

Rare side effects specific to Botulinum Toxin may include drooping eyelid or eyebrow, difficulty swallowing, speaking, or breathing, and dry mouth or eyes.

Rare side effects specific to Dermal Fillers may include vascular occlusion (blockage of a blood vessel), which can cause skin necrosis (tissue death) or scarring, if not treated promptly.

If any of these side effects develop any time (hours to weeks) after injection, seek medical attention immediately.

5. CONTRAINDICATIONS

You should NOT undergo treatment if you are pregnant or breastfeeding, have a known allergy to Botulinum Toxin, lidocaine, or filler ingredients, have a history of neuromuscular disorders, or have

active skin infections or inflammation in the treatment area. For further side effects and precautions, you are encouraged to fully review the manufacturer's patient medication information sheet for the products being used, which is available on request.

6. ALTERNATIVES

Alternatives to Botox and Dermal Fillers may include topical treatments (e.g., retinoids, moisturizers), laser treatments or microneedling, surgical procedures (e.g., facelift, eyelid surgery), and doing nothing.

7. RESULTS AND MAINTENANCE

- **Botox:** Effects typically begin in 3–7 days and last 3–4 months.
- **Fillers:** Results are immediate and can last 6–18 months, depending on the product and area treated.

Repeated treatments are generally necessary to maintain the desired results.

8. ACKNOWLEDGEMENTS

By signing below, I acknowledge that I have fully read and understand the content of this consent form and have had the opportunity to ask questions and all of my questions have been answered. I understand the risks, benefits, and alternatives to the procedure, and I give my voluntary informed consent to receive treatment with Botulinum Toxin and/or Injectable Dermal Fillers. I understand that results are not guaranteed and that repeated treatments are generally necessary to maintain the desired results.

Patient Name: _____

Patient Signature: _____

Date: _____

Witness Name: _____

Signature: _____

Date: _____