



NEUROMODULATOR INFORMED CONSENT

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To the CLIENT: You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

I, _____, understand that I will be injected with one of the following: Check One:

- Botox® Cosmetic (onabotulinumtoxinA)
- Xeomin (incobotulinumtoxinA)
- Dysport (abobotulinumtoxinA)

The term Neuromodulator will be used in the remainder of this document to describe the above checked product. Injections will be administered in selected facial muscles and/or platysmal bands of the neck muscles to paralyze these muscles temporarily. Neuromodulator injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows, and the lateral canthal lines (crow’s feet). All other areas of the face or neck are considered “OFF LABEL” and have not been approved by the FDA.

Injection of neuromodulator into the small muscles between the brows and into the lateral outer eye area causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available.

The possible side effects of Neuromodulator include but are not limited to:

1. Risks: I understand there is a risk of swelling, rash, headache, and local

- numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.
2. Infection: Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
 3. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
 4. Although many people with chronic headaches or migraines often get relief from Neuromodulator, a small percent of patients get headaches following treatment with Neuromodulator, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
 5. Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.
 6. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
 7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
 8. While local weakness of the injected muscles is representative of the expected pharmacological action of Neuromodulator, weakness of adjacent muscles may occur as a result of the spread of the toxin.
 9. Treatments: I understand more than one injection may be needed to achieve a satisfactory result.
 10. Another risk when injecting Neuromodulator around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.
 11. I have read and understand the Pre and Post-Treatment Instructions. I will follow all aftercare instructions as it is crucial I do so for healing. As Neuromodulator is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Neuromodulator than others. In most cases this uneven appearance can be corrected by injecting Neuromodulator in the same or nearby muscles. However in some cases this uneven appearance can persist for

several weeks or months. This list is not meant to be inclusive of all possible risks associated with Neuromodulator as there are both known and unknown side effects associated with any medication or procedure. Neuromodulator should not be administered to a pregnant or nursing woman. Additionally, the number of units injected is an estimate of the amount of Neuromodulator required to relax the muscles.

12. I have advised my health care provider if I am pregnant, trying to get pregnant or if I am nursing.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. I have received Post Treatment Care Instructions. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I understand there is no guarantee of results of any treatment. I understand regular charges applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I understand there are no refunds on any services rendered. I further agree in the event of non- payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

I release About Face & Body at Kelliwood Family Practice, medical staff and technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. Note: All prices are subject to change without prior notice. I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs revealing my identity will be used without my written consent.

Client's Name (Please Print): _____

Client's
Signature _____ Date _____

Witness _____ Date _____

Client's
Signature _____ Date _____

Witness _____ Date _____

Client's
Signature _____ Date _____

Witness _____ Date _____