



2359 Windy Hill Rd STE 210  
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### **Informed Consent Botulinum Toxin- A – Botox®, Dysport, Xeomin Neurotoxins**

This is an informed-consent document that has been prepared to help inform you about Botulinum Toxin A (BTA)-BOTOX®, Dysport, and Xeomin- injections, its risks, as well as alternative treatment(s). It is important that you read this information carefully and completely. Your signature at the end of this document indicates that you have read all of the associated pages, checked all boxes that apply, and signed the consent treatment as proposed by a MediFit of Georgia representative and agreed upon by you.

**GENERAL INFORMATION:** Clostridia botulina bacteria produce a class of chemical compounds known as “toxins”. BTA is processed and purified to produce a sterile product suitable for specific therapeutic uses. Once the diluted toxin is injected, it produces a temporary weakness (chemo denervation) of muscle by preventing transmission of nerve impulses to muscle. The duration of muscle weakness lasts approximately three to four months. In most cases, clients who continue these injections on a regular basis over a long period will see near complete correction of their dynamic lines/wrinkles. Neurotoxins have been FDA approved for glabellar (frown lines) and squint lines around the eyes. Frequently, other areas are injected that are not FDA approved. This is considered “off label” use.

**Unsatisfactory Result: There is the possibility of a poor or inadequate response from BTA injection. Additional BTA injections may be necessary. Surgical procedures or treatments may be needed to improve skin wrinkles including those caused by muscle activity. Unsatisfactory results may NOT improve with each additional treatment.**

#### **CONTRAINDICATIONS, Please check all boxes that apply:**

- By checking this box I confirm that I am NOT allergic to or have had an allergic reaction to any ingredients found within Botox, Dysport, Myoblock, or Xeomin
- By checking this box I am confirming I am NOT pregnant or breastfeeding.
- By checking this box I confirm I do NOT have an active infection at the proposed injection site
- By checking this box I am confirming I do NOT have the following: Pre-existing Neuromuscular Disorders such as ALS or Lou Gehrig’s Disease, Myasthenia Gravis, or Eaton Lambert Syndrome
- By checking this box I am confirming I am NOT being treated for Cervical Dystonia, Dysphagia, or breathing difficulties
- By checking this box I confirm I have NOT had vaccinations of any kind within the past two weeks



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**SIDE EFFECTS:**

Side effects include, but are not limited to the following, discomfort at the injection site, redness, small bumps, or welts near injection site, bruising, dry mouth, tiredness, headache or neck pain, swelling/drooping of the eyelids, or dry eyes. Symptoms of an allergy may include itching, rash, red itchy welts, wheezing or asthma symptoms, dizziness or feeling faint. Seek immediate medical help if you experience wheezing or feel dizzy or faint. SERIOUS effects of all botulinum toxins are the spread of toxin away from the area of injection. This can produce symptoms that have been reported hours to weeks after injection. If you experience hoarseness, change or loss of voice, troubles pronouncing words clearly, or loss of bladder control, seek immediate emergency care. Swallowing and breathing difficulties can be life threatening and possibly lead to death. The risk of symptoms are greatest in patients who have an underlying condition that would predispose them to these symptoms.

**MY SIGNATURE BELOW INDICATES THAT, Please check all boxes that apply:**

- I certify that I have read and understand the above and that I have been given sufficient opportunity for discussion of all of my questions.
- I confirm that I am not pregnant, breastfeeding, or have any significant neurological disease as noted above.
- I consent to the taking of photographs and video and authorize their use for the purpose of medical audits and education.
- I understand that this is strictly a cosmetic procedure and individual results may vary. I have been given no guarantees as to the outcome, and I understand that the results are temporary and several sessions may be needed to achieve/maintain optimal result. All additional treatments are at additional cost.
- My signature constitutes my consent for treatment with neurotoxin, and I understand that neurotoxins can have serious side effects including the spread of toxin effects and problems breathing or swallowing which can be life threatening. This can happen hours, days, or weeks after injection.

By signing below, I acknowledge that I, \_\_\_\_\_, have read and understand the "Neurotoxin Consent" for this procedure, and that I am signing it voluntarily.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_