



NEUROTOXIN COSMETIC DENERVATION INJECTION CONSENT

This form is designed to provide you with the information you need to make an informed decision about whether to have JEUVEAU/DYSPORE (Botulinum Toxin) treatment. If you have any questions or do not understand the potential risks, please do not hesitate to ask us.

How does Botulinum Toxin work? When a small amount of purified JEUVEAU/DYSPORE protein is injected into a muscle it causes weakness or paralysis of that muscle. This appears in 5-7 days and usually lasts 3-4 months, but can be shorter or longer. These injections have been used for more than a decade in children and adults to improve the problem of facial muscle spasms.

Frown lines between the eyebrows are due to contraction of small muscles in this area. Injecting JEUVEAU/DYSPORE into this area will paralyze or weaken these muscles causing temporary improvements or disappearance of frown lines. The FDA has approved JEUVEAU/DYSPORE to be used to improve the appearance of the vertical lines between the brows. Although not FDA approved, JEUVEAU/DYSPORE have also been used successfully for many years to treat many other areas of the face. Similarly, crow's feet and horizontal forehead lines can also be improved by the injection of toxin into these areas. Lines at present rest may or may not improve. Aging, heredity, and sun damage account for other facial wrinkles and may be treated with other non-surgical cosmetic treatments or surgery.

RISKS AND POTENTIAL SIDE EFFECTS OF NEUROTOXIN (Botulinum Toxin Type A) INJECTIONS

What are the risks associated with treatment? Side effects and complications have been minimal. Occasionally, slight swelling, numbness and/or bruising may last several days after the injection. Some may experience a transient headache at injection site. Rarely, an adjacent muscle may be weakened and cause a temporary droop of the eyelids. Other side effects may include respiratory infection, flu syndrome and nausea. In very small numbers of individuals the injection did not work as satisfactorily or for as long as usual.

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of clients do not experience the following complications, you should discuss each of them with your treating clinician to make sure you understand the risks, potential complications, and consequences of neurotoxin injections.

Bleeding - It is possible, though unusual, to have a bleeding episode from a neurotoxin injection. Bruising in soft tissues may occur. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for seven days before neurotoxin injections, as this may contribute to a greater risk of a bleeding problem.

Infection - Infection is extremely rare after a neurotoxin injection. Should an infection occur, additional treatment including antibiotics may be necessary.



Damage to deeper structures - Deeper structures such as nerves, blood vessels, and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.

Corneal exposure problems - Some clients experience difficulties closing their eyelids after neurotoxin injections and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments, protective eye drops, contact lenses, or surgery may be necessary.

Dry eye problems - Individuals who normally have dry eyes may be advised to use special caution in considering neurotoxin injections around the eyelid region.

Migration of Neurotoxin- Neurotoxins may migrate from its original injection site to other areas and produce temporary paralysis of other muscle groups or other unintended effects.

Drooping Eyelid (Ptosis) - Muscles that raise the eyelid may be affected by neurotoxins, should this material migrate from injection areas.

Double-Vision -Double-vision may be produced if the neurotoxin material migrates into the region of muscles that control movements of the eyeball.

Eyelid Ectropion - Abnormal looseness of the lower eyelid can occur following a neurotoxin injection.

Other Eye Disorders - Functional and irritative disorders of eye structures may rarely occur following neurotoxin injections.

Client Initial _____

For your Safety, You must inform your clinician of any recent illness, use of antibiotics, blood thinners, neurological disorders, NSAIDS, or if you have been diagnosed with any of the following conditions:

- Myasthenia Gravis
- Eaton-Lambert Syndrome
- Amyotrophic Lateral Sclerosis
- Allergy or sensitivity to albumin
- Any disorder that might interfere with neuromuscular function
- Bell's Palsy
- ALS or MS

Important Information and Informed Consent

- I am not pregnant or nursing, nor have any significant neurological diseases to have this treatment.
- I have requested that **Glow MD/The Clinics of North Texas** attempt to improve my facial expression lines with JEUVEAU/DYSPOORT. I understand that there are NO GUARANTEES as results vary from person to person and that a very small percentage of people produce antibodies that will not allow them to benefit from JEUVEAU/DYSPOORT treatments.
- I agree that this constitutes full disclosure and that it supersedes any previous verbal and written disclosures. My signature indicates that I am consenting to receive treatment, having read and understood the information presented above and have been given the opportunity to ask any questions that I might have about this procedure. I have been advised of the risks involved in such treatment and alternative treatments, including no treatment at all.
- I consent to be photographed before, during and after treatment. These photographs shall be the property of **Glow MD/The Clinics of North Texas** These photographs may be shown for scientific reasons, and/or used in patient education (both in and out of the office). I agree to keep **Glow MD/The Clinics of North**



Texas informed of any change of address so that they can notify me of any late findings.

I understand that I release Glow MD/The Clinics of North Texas and its associates, including the Medical Director, Nurse Practitioners or Physician Assistants along with any technician or employee of Glow, MD/Clinics of North Texas involved in my treatment from any liability associated with complications from the JEUVEAU/DYSPORE procedure.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

I DULY AUTHORIZE THE FOLLOWING TECHNICIANS TO PERFORM MY JEUVEAU/DYSPORE PROCEDURE UNDER THE SUPERVISION OF DR. DAUNNE PETERS, DR. JENNIFER CABLER, AND DR. ADAM SCHWALM

Technician Name, Credential: _____ Date: _____ Client Initials: _____

Technician Name, Credential: _____ Date: _____ Client Initials: _____

Technician Name, Credential: _____ Date: _____ Client Initials: _____

I understand that Dr. Daunne Peters, Dr. Jennifer Cabler, or Dr. Adam Schwalm are available for a consultation with me by phone or appointment by contacting Glow MD/The Clinics of North Texas at (940) 766-8809.

Print First Name Last Name: _____

Signature: _____

Parent or Legal Guardian: _____

Date: _____