

MZR Dental & Skin Consent form

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BOTULNUM TOXIN -

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your healthcare provider/ dentist Mateena Rauf. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your healthcare professional prior to signing the consent form.

I CONFIRM I HAVE BEEN INFORMED THAT:

Botulinum Toxin Type A uses the toxin produced by the bacteria responsible for botulism in food poisoning. However, the amount of toxin used is minimal and generally well tolerated in clinical trials. The toxin temporarily weakens the muscles responsible for developing facial expression lines caused by muscle activity. Static facial lines, e.g. those due to sun damage, will not usually respond to treatment with botulinum toxin, as they are not caused by muscle activity.

Botulinum Toxin Type A is licensed for the temporary improvement of moderate to severe vertical lines between the eyebrows (glabellar lines) and is injected into the skin to reduce these lines. You are having these injections because you wish to prevent getting static lines or the severity of your lines has had an important physiological impact on you.

Treatment is not recommended if you are pregnant or breastfeeding.

After treatment with Botox® you should start to see an improvement within 2 to 3 days, however the full effect can take up to 10 days. The benefits of treatment usually last between 3 and 6 months but can vary depending on your individual response. Injections given at less than 3 month intervals may reduce the efficacy of the injections.

RISKS & COMPLICATIONS

The most common side effects of Botox® are headache and injection reactions e.g. redness, swelling, irritation, rash, skin discolouration or patches, itching, numbness, pain, discomfort, stinging, bruising, and bleeding. Normally these reactions are mild to moderate, reversible and occur in the first week after treatment.

There is a possibility of unsatisfactory results. There is a small possibility of slight drooping of the eyelid (ptosis 1-2% pts), visible facial asymmetry or visual problems. You may be disappointed with the results of the procedure. Very rarely, botulinum toxin may result in muscle weakness away from the site of injection.

If symptoms last for more than one week or you are concerned about any symptoms you should report them to your practitioner as soon as possible. Seek urgent medical help if you have difficulties breathing, swallowing, speaking or if your face swells up.

Botox® may cause temporary blurred vision or muscle weakness. If affected, you should not drive or use machinery.

RISKS & COMPLICATIONS CONTINUED

I understand there is a risk of reaction to cleansing and treatment agents; I have read and understand the post-op instructions.

Botox® contains a very small amount of albumin which comes from human blood. It is very unlikely that this could pass on an infection, but it cannot be entirely ruled out.

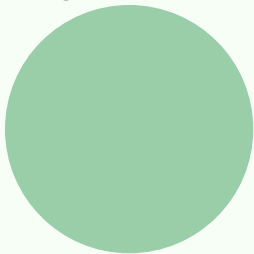
I understand I may need to return for additional appointments at a time specified by the dentist. Failure to return for appointments or complete treatment within the specified period may result in an undesirable cosmetic outcome or other problems or complications that may require additional treatment with additional fees at the patient's sole expense.

I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the dentist /healthcare professional who treated me immediately. I also state that I read and write in English.

Patient name: _____

Signature of Patient: _____

Date: _____



ALTERNATIVE PROCEDURES

Alternative treatment choices include no treatment or other procedures such as face or brow lifts using threads or surgery and skin treatments with chemicals or machines to achieve similar or better cosmetic outcomes (e.g. RF, microneedling). I understand this is an elective procedure and I hereby voluntarily consent to treatment with botox/ Azzalure. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the dentist /healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician.