

INFORMED CONSENT FOR BOTULINUM TOXIN INJECTION between the customer and Rejuvenation Concierge and/or Urban Eve

FOR THE TEMPORARY TREATMENT OF SUPERFICIAL FACIAL WRINKLES

Please initial after each statement and sign at the bottom.

Botox®/Dysport®/Xeomin®/ Jeuveau® is the botulinum toxin and works by paralyzing nerves and muscles.

1. I, _____, consent to and authorize _____ to perform a treatment of facial wrinkles with neurotoxin. _____
2. The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction. _____
3. I understand surgery or other treatment alternatives may be as effective or more effective in reducing the appearance of wrinkles. _____
4. I am fully aware of the risks of complications or injuries that can occur from this treatment, both from known and unknown causes, and I freely assume those risks. _____

The known complications could include:

- Redness, swelling/edema, itching, pain or pressure lasting more than one week
 - Nodules or induration at the injection site
 - Discoloration of the injection site
 - Poor effect
 - Allergic reactions
 - The effects of Botox are apparent 2-5 days after treatment
 - The effects usually last 3-4 months. Periodic retreatment will be necessary to maintain the effects
 - Repeated treatment may lead to permanent loss of muscle tone in the treated area
 - Bruising
 - Facial asymmetry
 - Paralysis leading to droopy eyelid and double vision
 - Some patients may experience weakness or flu-like symptoms
 - Visual problems
 - Dry Eyes
 - Some patients may develop antibodies to the product
5. I also certify that I have none of the known conditions that would contraindicate treatment. These conditions include hypertrophy scars, a history of any autoimmune disease, or immune therapy. I am not pregnant, breast-feeding, and I have no known allergy to Botox®/Dysport®/Xeomin®/ Jeuveau®. _____
 6. I certify that I have read this entire informed consent and that I understand and agree to the information stated in this form. I certify that I am a competent adult of at least 18 years of age. This informed consent is freely and voluntarily executed. _____

7. I agree that any picture taken of my treatment site may be used for publication and teaching purposes, however, my name will not be disclosed and complete confidentiality of my name will be maintained. _____
8. No guarantee, warranty or assurance has been made as to the treatment results _____
9. I will hold Rejuvenation Concierge, it's owner[s], agents, employees and shareholders completely harmless from all and any litigation or malpractice suits or claims made should I have any adverse reaction to Botox®, Xeomin®, Dysport® or Jeuveau®. Any and all complications should be seen in the emergency room or by your local physician. Any subsequent care or corrections would be at your own cost and without compensation from Rejuvenation Concierge. _____
10. If you are planning a LASIK® procedure or any other surgery please inform the injector as your treatment may be deferred.
11. I understand that the results are of temporary nature, and more treatments will be needed to maintain improvement. I agree to adhere to all safety precautions described here including: _____
 - No alcohol or aspirin or other blood thinners the night after injection
 - No scratching or rubbing the injected area
 - No vigorous exercise for 24 hours
 - Makeup should be avoided for two hours after injection

This agreement is non-transferable and may not be altered by anyone without the express written consent of Rejuvenation Concierge. Further, this agreement does not expire.

12. I certify that I have read this entire informed consent and that I understand and agree to the information stated in this form. I certify that I am a competent adult of at least 18 years of age. This informed consent is freely and voluntarily executed. _____

Patient Name (please print) _____

Signature _____ Date _____

Witness Signature _____ Date _____