Neurotoxins: Patient Consent for Treatment

A. Purpose and Background
   ● Injectable neurotoxins have been used for decades to reduce the appearance of moderate to severe glabellar and lateral canthal lines, as well as for numerous neurological uses. Neurotoxins, including Botox® Cosmetic and Dysport®, are FDA-approved for the temporary treatment of moderate to severe frown lines between the brows and crow’s feet. Botox® has been approved for the treatment of hyperhidrosis (excessive sweating), migraine headaches, and urge urinary incontinence.

B. Procedure
   ● Neurotoxin is injected into specific muscles. While results may be seen immediately, full results & benefits develop over the next 14 days. Neurotoxin results tend to peak in self-assessment satisfaction at approximately 30 days post-injection, and then decrease gradually over the next 2 months (subject’s own assessment of change & appearance of glabellar lines). Patients can expect a gradual return of facial muscle movement at 60 through 90 days post-injection. The procedure should be repeated regularly (every 90 days) if continued results and line reduction is desired. In adults being treated for more than one approved indications with Botox® and/or Botox® Cosmetic, it is not recommended to exceed a total dose of 360 Units administered in a 3 month interval. Typical Botox® Cosmetic procedures range from 30 to 50 Units each.

C. Risks/Discomfort
   ● Discomfort, if any, is minimal and brief. No anesthesia is required. I understand that adverse reactions to neurotoxins are extremely rare, but can include:
     ○ Bleeding & Bruising – May occur at the injection site and will typically heal like a regular bruise. If possible, avoid aspirin or anti-inflammatory medications for one week prior to and two days after your treatment.
     ○ Infection – Infections are rare but may require treatment including antibiotics if necessary.
     ○ Unsatisfactory Result – There is a 97% worldwide patient satisfaction rate with neurotoxins; however, approximately 1-3% of patients may have an unsatisfactory result that includes: temporary visible irregularities; complete muscle relaxation; and/or disappointment in the procedure.
     ○ Drooping of the Eyelid (Ptosis) or Brow – These are very rare temporary complications occurring in 1-3% of patients who elect to have treatment with neurotoxin near or around their eyes. Ptosis is temporary, and if it occurs, VanderVeer Center may prescribe eye drops to help alleviate this effect. In this setting, ptosis generally resolves over three to four weeks.

D. Benefits
   ● Neurotoxin treatment is a minimally invasive procedure; no recovery time is needed. Treatment with Neurotoxin may make you look younger, happier and refreshed. Neurotoxin can help to relieve headaches and migraines.

E. Alternatives
   ● Neurotoxin treatment is strictly a voluntary cosmetic procedure; no treatment is necessary or required.
F. Photography
- I understand that clinical photographs are an essential component of my medical record. Clinical photography is required by VanderVeer Center, before, during, and after treatments.

G. Consent Procedure
- The results of neurotoxins can be dramatic, and like any cosmetic procedure; there is no guarantee that you will be completely satisfied. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, that wrinkles and lines will disappear completely or that you will not require additional treatment and ongoing injections to achieve the results you seek. You understand that the procedure results are temporary. Additional injections with neurotoxins will be required periodically, generally within 3 months, for optimal results. The amount of neurotoxin required and the results of treatment vary by patient and may be affected by the following factors, including but not limited to: severity of wrinkles, patient age, medical history, lifestyle choices such as smoking and exercising, basic metabolic rate; previous surgical procedures or history of trauma to the treated areas, and personal immunogenicity (neutralizing antibodies) may affect your outcome.

- I have provided my complete medical history and medications to my provider. I attest that I do not have a personal history or current hypersensitivity to use of neurotoxins, pre-existing neuromuscular disorders such as peripheral motor neuropathic diseases, amyotrophic lateral sclerosis or neuromuscular junction disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome), trouble breathing or swallowing.

- I understand that pregnancy and breastfeeding are contraindications for treatment. I am not currently pregnant or nursing.

- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction.

- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.

- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

- I agree if I have any concerns regarding my neurotoxin treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.

I elect to proceed with injectable neurotoxin treatment at VanderVeer Center.

Patient Name: _______________________________ Date: ___________

Patient Signature: _____________________________________________

Provider Signature: _____________________________________________