MIDWEST INTEGRATIVE HEALTH LLC

MIH - Neurotoxin Consent

Neurotoxin Consent Form

Neurotoxin Informed Consent

Botox/Dysport/Jeuveau therapy for wrinkles is an injection treatment designed to reduce facial expression lines by enabling the muscles to relax. On the face/neck, Botox/Dysport/Jeuveau therapy works best for "dynamic" lines and wrinkles and is less effective for fine textural changes on the skin surface and for those lines present at rest. Botox/Dysport/Jeuveau therapy for underarm sweating ("hyperhidrosis") is an injection treatment in the axilla causing the sweat glands to cease working in the injected area.

Botox/Dysport/Jeuveau therapy is temporary, meaning it will have to be repeated on a regular basis to remain effective. An average response is 2 - 6 months of diminished muscle contraction (or underarm sweating if treated there). After a Botox/Dysport/Jeuveau injection, the effect gradually begins over several days and full effect may not be seen until 14 days post-injection.

Contraindications For This Treatment Include:

• *Pregnant or lactating women.*

• *Clients with allergies to human albumin (small risk of viral transmission from human albumin used in Type A to provide a larger particle).*

• *Infection, inflammation, (including acne), or dermatitis of areas to be injected Fever, flu, or cold symptoms.*

• *Facial asymmetry such as Bell's Palsy.*

• *Clients with neurologic disorders including:*

• *Amyotrophic Lateral Sclerosis (Lou Gherig's Disease).*

• *Myasthenia Gravis.*

• *Lambert Eaton Disorder.*

• *Multiple Sclerosis.*

• *Parkinson's disease.*

I am aware of the following information affecting my treatment and risks including but not limited to:

For at least 6 hours after injection, remain in an upright position; actively contract the muscles treated (e.g. frown or grimace); do not vigorously rub or massage the treated area

Antibiotics may potentiate the effects of Botox/Dysport/Jeuveau

Clients taking aminoglycosides or medications that interfere with neuromuscular transmission may have a potentiated effect

Thick sebaceous skin may have very deep wrinkles making them a poor candidate A natural eyelid ptosis may be more susceptible to drooping of the eyelid.

Botox/Dysport/Jeuveau does not diffuse over scar tissue (the appearance of scar tissue may diminish the following injection of Botox/Dysport/Jeuveau into neighboring wrinkles).

Due to bruising potential, you should schedule Botox/Dysport/Jeuveau injections at least 2 to 3 weeks prior to an important event.

Alcoholic beverages 24 hours prior to Botox/Dysport/Jeuveau injections may increase bruising

Blood-thinning medications and herbal supplements 2 weeks prior and after Botox/Dysport/Jeuveau injections typically increase bruising.

I am aware of the following risks:

Mild to moderate discomfort or pain. Many patients describe the sensation as a pinprick.

Redness or swelling of the skin at the injection site, usually lasting only a few hours.

Bruising in the treated area that may last for several days to several weeks after injections. In rare cases, a bruise may last for

longer periods of time.

Though rare, I am aware the following may also be considered a risk:

Temporary eyebrow or eyelid drooping and/or double vision may occur if the Botox/Dysport/Jeuveau affects the muscles which move the eye and eyelid.

Temporary lip ptosis (drooping) if Botox/Dysport/Jeuveau is used around the mouth area.

Transient muscle twitching in the treated area.

Transient headache.

Infection. Whenever the skin barrier is penetrated infection is possible. Should any type of skin infection occur antibiotics may be necessary.

I understand that full effects of the treatment may take up to 12 days following the treatment and that if my level of correction is not as I had hoped, I may need to purchase additional Botox/Dysport/Jeuveau for injection to reach a higher level of correction. I agree to communicate with my practitioner within two weeks (14 days) for evaluation and/or additional correction.

I acknowledge that due to my unique skin composition, there are no guarantees, warranties, or assurances that I will be satisfied with my results.

I understand that this treatment may involve risks of complication from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize a staff member of my practitioner, who has been trained in Botox/Dysport/Jeuveau therapy, to perform Botox/Dysport/Jeuveau injections on me. I agree to pay for this treatment. I understand that I have the right to refuse or stop treatment at any time, but that no refunds will be provided once treatment has been agreed upon (including and even if I am dissatisfied with my results).

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form as well as the information provided in the Pre/Post Care form.

I agree to have my photograph taken to document my condition.

My practitioner has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches.

This document is a written confirmation of this discussion.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my Botox/Dysport/Jeuveau injections in the future as well.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE NEUROTOXIN INFORMED CONSENT FOR MIDWEST INTEGRATIVE HEALTH, AND THAT I AM SIGNING THIS FORM VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE -

Date