

Informed Consent

Antiwrinkle Injections



This form is to gain informed consent regarding Antiwrinkle Injections. Antiwrinkle treatments are indicated for the repetitive movement of facial muscles that cause fine line and wrinkle formation. At Medical Skin & Laser Sunshine Coast your TGA approved clinician will administer DYSPORT® (TGA approved Botulinum treatment) into specific injection sites to relax the specific regions of muscle for subtle cosmetic enhancements. Some of this treatment is considered “off-label” treatment. Results begin to take effect in 3-5 days; full results however are achieved at 14 days. This treatment is for an improvement, not perfection. As static lines due to thinning of the skin will not be improved by Botulinum Toxin Type A, other treatments may be advised at your consultation. Treatments will be discussed with your doctor, planned and charged individually based on facial assessment, muscle strength and desired outcomes. The treatment is not permanent due to the body’s turnover of the product and individual results will vary.

Pre-treatment checklist

Are you currently under a doctor’s care for any medical condition? Yes / No

If yes, please give details: _____

Do you have a history of prolonged bleeding times? Yes / No

Are you taking any medications? Yes / No If yes, please give details:

*Muscle relaxants, aminoglycoside antibiotics, penicillamine, procainamide, spectinomycin, polymyxins, tetracyclines and lincomycin may affect the way Dysport works, additionally some food supplements can increase thinning of blood.

Are you pregnant, breastfeeding, or planning pregnancy? Yes / No

Do you have a history of allergy or reaction to previous Botulinum Toxin Type A? Yes / No

Do you suffer from glaucoma? Yes / No

Do you suffer from any neuromuscular transmission disorder (ie: motor neurone disease)? Yes / No

Do you have recent signs of inflammation or infection to area being treated? Yes / No

Have you had facial surgery OR cosmetic facial procedures? Yes / No

Have you had treatments using any brands of Botulinum Toxin Type A in the last 4 weeks? Yes / No

RISKS OF DYSPORT® INJECTIONS: Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. **Bleeding** - It is possible, though unusual, to experience localised bleeding episodes during or after the procedure at the site(s) of injection. **Bruising** - Following this procedure, it is not uncommon to bruise at the injection site. Bruising usually resolves in 3-4 days. **Allergic reactions** - In rare cases, local allergies to botulinum toxin A preparations (including DYSPORT®) have been reported. **Drooping of the eyelids (Ptosis)** - This is a rare but usually transient complication. The incidence can be minimised by positioning post injections. Ptosis usually resolves within several weeks but may take longer. **Other possible side effects** include headaches, pain, burning or redness at the site of the injection, some local muscle tenderness, lack of feeling and nausea.

Acknowledgement: In relation to my initial and all subsequent treatments, I have read the foregoing consent and hereby confirm that I have 1) had each item explained to me, 2) was given an opportunity to ask questions, and 3) had all my questions answered. I hereby authorise the clinician (Registered Nurse/Doctor) to perform the procedure of DYSPORT® injections. I hereby release my clinician, the facility and the doctor from liability associated with this procedure. I am over 18 years of age. I agree that photos may be taken as part of my treatment record. I understand that treatments for cosmetic procedures are not able to be claimed on Medicare or Private Health Funds.

I agree to inform the clinic of any changes to my medical information.

Do you consent to having photos taken and used for advertising, brochures or online material? Yes / No

Patient Name _____ DOB _____

Signature _____ Date _____

RN Signature _____

Medical Skin & Laser – Sunshine Coast – Antiwrinkle Consent Form

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