

ANTIWRINKLE- INFORMED CONSENT



Patient Name _____ DOB _____

Signature _____ Date _____

RN Signature _____

This form is to gain informed consent regarding Antiwrinkle Injections (AWI). At MSL we use anti-wrinkle injections which contain Botulinum Toxin Type A, a muscle relaxant which acts on the junctions between the nerves and muscles thereby preventing or helping to reduce the muscles in the treated area from contracting. Once the muscles are relaxed, the overlying wrinkles will soften or reduce. AWI contains a small amount of albumin that has been obtained from human blood. The risk of a viral infection is rare but cannot be eliminated completely. The effects of AWI usually occur within 2-3 days post-injection but it may take up to 21 days for the peak effect to occur, with duration of effect lasting 4 months or more. This effect may vary from person to person. This treatment is for improvement, not perfection. Treatments will be discussed with your doctor, planned, and charged individually based on facial assessment, muscle strength and desired outcomes.

Pre-treatment checklist

Are you currently under a doctor's care for any medical condition? **Yes / No** If yes, please give details:

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 anti-wrinkle injections work, additionally some vitamin supplements can increase thinning of blood.*

Do you have a history of ANY allergies or reactions to previous Botulinum Toxin Type A? **Yes / No**

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

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

Have you been diagnosed with Myasthenia Gravis or Eaton-Lambert syndrome? **Yes / No**

Both of these are autoimmune diseases that cause muscle weakness.

Have you ever had prolonged periods of muscle weakness? **Yes / No**

Do you have any difficulties in swallowing? **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 3 months? **Yes / No**

RISKS OF ANTI-WRINKLE 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 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 anti-wrinkle 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**

Medical Skin & Laser – Sunshine Coast – Antiwrinkle Consent Form

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