



## CONSENT FOR INJECTION OF COSMETIC FILLERS AND BOTOX

The nature and purpose of this consent is to inform the patient about the treatment and any risks and hazards involved.

**NEUROTOXIN:** Botulinum A Toxin (Botox) injection is used in the cosmetic treatment to improve the appearance of lines and wrinkles. It is injected with a small needle into the muscle with the aim of inhibiting the underlying muscle contraction.

**HYALURONIC ACID:** Fillers are injected into the facial tissue to help improve facial wrinkles, lines and overall appearance.

**SIDE EFFECTS:** Possible side effects include swelling, redness, tenderness, slight headache, pain and/or bruising that may occur for several days after treatment, however these symptoms are temporary and will resolve without any further treatments. Rarely an adjacent muscle may be weakened for several weeks after injection causing a temporary loss of function (i.e. drooping eyelid). Major filler (Hyaluronic Acid) complications include infection, nodules, granulomas, vascular compromise, migration, and Tyndall effect (a bluish appearance of skin that appears with filler is injected superficially). These are extremely rare and most are reversible with the use of Hyaluronidase.

Medical treatment is not an exact science and that no guarantees can be or have been made concerning the expected results. Occasionally, there is no improvement and other form of treatment may be required. Any remaining filler not used at the initial appointment will be kept for up to 2 weeks. Any filler not used after that period will be discarded due to infection risk.

**TOUCH-UP POLICY:** Botox usually starts to work at 3-7 days, but the full effect can take up to 14 days. Occasionally an injection does not have a sufficient effect and a touch-up is necessary. If a touch-up is needed, a touch-up price of \$9/unit will be applied.

Please call our office to schedule a touch-up if you are still experiencing movement 2 weeks after your appointment. Touch-up pricing will only be applied 2-4 weeks after initial injections.

**CONSENT:** I am undergoing treatment of my own free will. I understand that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that while every precaution will be taken to prevent complications, although rare, they can and sometimes do occur. I accept the responsibility for any complications that may occur and thereby absolve Dr. Greg Ratliff, M.D. and any associated person of any blame resulting there from. I certify that I am a competent adult of at least 18 years of age, I have read this entire consent and that I understand and agree to the information provided. I understand that the terms of payment require full settlement on or before the day of my treatment. This consent will expire 12 months after the date of signature of this form.