



Beauty, laser & wellness center
Monica Bonakdar, MD

Botox Cosmetic Informed Consent

This form is designed to provide you with the information you need to make an informed decision on whether or not to have a Botox Cosmetic injection performed. If you have any questions or do not understand any part of this consent, please do not hesitate to ask us.

TREATMENT- I am requesting Botox Cosmetic injections in the following areas:

FDA Approved uses: Between Brows, Underarm

Off Label uses: Forehead, Crow's Feet, Lip Corners, Lip Lines, Chin,
 Neck

BOTOX COSMETIC- Is the trademark for Botulinum Toxin Type A, a protein produced by the bacterium Clostridium Botulinum. For the purpose of improving the appearance of wrinkles, or stopping excessive sweating, small doses of this protein are injected into the affected muscles blocking the muscle contraction. The protein weakens the injected muscle. The treatment usually begins to work within 24 to 48 hours and can last up to four months. The Food and Drug Administration (FDA) approved the cosmetic use of Botox Cosmetic for the temporary relief of moderate to severe frown lines between the brow and excessive underarm sweating. FDA recommends that the procedure be performed no more frequently than once every three months. Any other cosmetic use is considered off label. The long-term effects of repeated use of Botox Cosmetic are as yet unknown.

FULL CORRECTION- To prevent unwanted results, Dr. Bonakdar uses conservative dosing of Botox Cosmetic. For this reason, full correction may require a second treatment 10 days after my first treatment. I understand that there are additional fees for all further treatments and touch ups and that I am financially responsible for them.

I want full correction and want Dr. Bonakdar to give me her recommendations

I have a limited budget and will inform Dr. Bonakdar what I want to spend. I understand that I may not get full correction with a limited treatment.

CONTRAINDICATIONS-

I do not have a history of cold sores/herpes simplex in the area being treated.

I am not pregnant. It is not known if Botox Cosmetic during pregnancy may cause fetal harm or malformation.

I am not breastfeeding. It is not known if Botox Cosmetic is excreted in human milk.

HERPES SIMPLEX- Herpes simplex eruption may result in rare cases in a treated area that has previously been infected with the virus. This reactivation can be avoided by taking an Anti-viral prior to the procedure. I understand that if I have ever, in my life, experienced a cold sore in the

area of my treatment, I must start on an antiviral prophylaxis and I can get a prescription from this office by requesting the medication.

ADVERSE EFFECTS- Just as there are benefits to Botox Cosmetic, there are also risks including but not limited to poor cosmetic results, unequal correction, and product ineffectiveness.

Bruising- May happen in the hands of the best injectors. So please plan your appointment accordingly. Bruising, swelling, redness, and discoloration at injection site are temporary and typically resolve spontaneously within 7-10 days after treatment.

Things to do to avoid bruising:

Avoid consuming alcohol for 10 days prior to your treatment. Avoid consuming any medications, herbal remedies or supplements that are known to thin the blood for 10 days prior to your treatment. For Example: blood-thinners, anti-coagulant, Aspirin products, Ibuprofen products, any NSAIDS or Non-Steroidal Anti-Inflammatory Drugs, Saint John's Wort, Vitamin E or Fish Oil. Acetaminophen/Tylenol is permissible to take.

Things to do to heal bruises faster:

Ice the bruised area for 5 minutes 3-4 times a day until all signs of bruising are gone.

Prior to your treatment- Start SinEcch. This is a Medical Grade Arnica Pill that is an all natural medicine to reduce pain, bruising, and swelling from procedures and surgeries. It has been used for hundreds of years by European doctors. SinEcch is prepared as a homeopathic medicine from the herb Arnica Montana in doses four to five times the over the counter dose. This preparation is available at our office for \$35.

For Mild Bruises- Apply Arnica Gel onto the bruise three times a day. This preparation is available at our office for \$20.

For Moderate Bruises- Start Auriderm Post procedure relief kit. This kit contains both a Vitamin K gel as well as Arnica Pills that together promote healing and improve the unsightly appearance of bruises. This preparation is available at our office for \$42.

Transient Adverse Effects- include but are not limited to the following list.

- Discomfort at the injection site or headache,
- flu-like symptoms or nausea
- Local numbness
- Paralysis of a nearby muscle that could interfere with opening the eye(s)
- Abnormal lack of facial expression
- Temporary asymmetrical appearance
- Inability to smile when injected in lower face

Serious Adverse Effects- are discussed in the Medication Guide given to you. **Serious adverse events have never been reported with dermatologic use of Botox Cosmetic.**

These complications include but are not limited to muscle weakness all over the body, difficulty swallowing, speaking or breathing, double vision, blurred vision, loss of bladder control.

AUDIO AND VIDEO RELEASE- Pre and Post-Treatment photos, video and audio may be taken of the treatment for record purposes. I understand that these photos will be the property of Dr. Bonakdar. These photos may be used for diagnostic, educational, advertising, or record keeping purposes; however the material will not contain my name or any other personal identifying information.

NO GUARANTEES- Because all individuals are different, it is not possible to completely predict the benefits from this treatment. By signing this form I acknowledge that guarantees as to the final results of my treatment have not been made. Some individuals will have a very noticeable improvement after the first treatment, while others may have little or no improvement.

NO REFUNDS- This office has a strict no refund policy. This means that no refunds are given on procedures performed for any reasons.

By my signature, I acknowledge that I have read the foregoing informed consent form and have been adequately informed of the nature of my condition, the nature of the procedure, the expected benefits of this treatment, the risks of this treatment, the alternative methods of treatment, and the risks of not treating my condition. I hereby consent to this procedure.

Patient's Signature _____ Date _____

Staff Signature _____ Date _____