Neurotoxin Consent (Botox/Dysport)

Informed consent for neurotoxin injections including Botox, Dysport, Xeomin, and Jeuveau

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Information

Neurotoxin Product *

- [ ] Botox (onabotulinumtoxinA)
- [ ] Dysport (abobotulinumtoxinA)
- [ ] Xeomin (incobotulinumtoxinA)
- [ ] Jeuveau (prabotulinumtoxinA)

Treatment Areas *

- [ ] Glabella (between eyebrows)
- [ ] Crow's feet (around eyes)
- [ ] Lip flip
- [ ] Masseter (jaw slimming)
- [ ] Hyperhidrosis (excessive sweating)
- [ ] Forehead lines
- [ ] Bunny lines (nose)
- [ ] Chin dimpling
- [ ] Platysmal bands (neck)
- [ ] Other

If other, please specify

Health Screening

Do you have any neuromuscular disorders (e.g., ALS, Myasthenia Gravis, Lambert-Eaton Syndrome)? *

- [ ] Yes
- [ ] No

Have you received neurotoxin injections before? *

- [ ] Yes
- [ ] No

If yes, describe any previous adverse reactions

Are you currently pregnant, nursing, or planning to become pregnant? *

- [ ] Yes
- [ ] No

Are you currently taking aminoglycoside antibiotics or blood thinners? *

☐ Yes ☐ No

Risks & Benefits

Potential Risks and Side Effects:

Common side effects include temporary redness, swelling, bruising, and mild discomfort at injection sites. Less common but possible risks include:

- Ptosis (drooping of the eyelid or eyebrow), usually temporary (2-6 weeks)
- Asymmetry requiring touch-up treatment
- Headache following treatment
- Flu-like symptoms for 24-48 hours
- Migration of product to unintended areas
- Allergic reaction (rare)
- Difficulty swallowing or breathing if product spreads (very rare)

Results typically appear within 3-14 days and last 3-4 months. Individual results may vary. Touch-up treatments may be recommended 2 weeks after the initial injection.

I have been informed of the potential risks and side effects of neurotoxin treatment, including but not limited to ptosis, asymmetry, bruising, and allergic reaction. I understand that results are not guaranteed.

I acknowledge the risks described above: _____

Pre & Post Treatment Instructions

Pre-Treatment:
- Avoid blood-thinning medications (aspirin, ibuprofen, fish oil) for 7 days prior
- Avoid alcohol for 24 hours prior
- Arrive with a clean face, free of makeup

Post-Treatment:
- Do NOT rub or massage the treated areas for 24 hours
- Remain upright for 4 hours after treatment
- Avoid strenuous exercise for 24 hours
- Avoid saunas, hot tubs, and extreme heat for 48 hours
- Do NOT receive facials or other facial treatments for 2 weeks

I confirm that I have read, understand, and agree to follow the pre and post treatment instructions provided above.

I have read and will follow the pre and post treatment instructions: _____

Service Log

For office use only

	Date	Area	Product / Lot #	Units
Entry 1				

	Date	Area	Product / Lot #	Units
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to the neurotoxin injection treatment described above. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I understand that the practice of medicine is not an exact science and no guarantees have been made to me regarding the outcome of this procedure. I release the provider and practice from any liability related to this treatment.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY