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INFORMED CONSENT : BOTOX®/DYSPORT®/Xeomin®

(Botulinum A Toxin)

I, the undersigned, understand that I will be injected with Botulinum A Toxin (Botox®/Dysport®/Xeomin®) in the area of the glabellar muscles to paralyze these muscles temporarily or in the forehead or crows feet around the lateral area of the eyes.

Botulinum A Toxin (Botox®/Dysport®/ Xeomin®) injector; has been FDA approved for use in the cosmetic treatment of glabellar frown lines only the wrinkles between the eyebrows. Injection of Botox®/Dysport®/Xeomin® into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to be that other temporary and more permanent treatments are available.

The possible side effects of Botox®/ Dysport®/Xeomin® include but not limited to:

Risks: I understand there is a risk of swelling, rash, headache, and local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.

Infection: Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.

Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.

Although many people with chronic h'eacaches or migraines often get relief from Botox®/Dysport®/Xeomin®, a small percent of patients get headaches following treatment with Botox®/ Dysport®/ Xeomin®, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.

Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain

Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.

Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.

While local weakness of the injected muscle is representative of the expected pharmacological action of Botox®/Dysport®/Xeomin®, weakness of adjacent muscles may occur as a result of the spread of the toxin.

Treatments: I understand more than one injection may be needed to achieve a satisfactory result.

Another risk when injecting Botox®/Dysport®/Xeomin® around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary: This reduced blinking has been associated with corneal ulcerations, There are medications that can help lift the eyelid; however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.

I will follow all aftercare instructions as it is crucial I do so for healing,

As Botox®/Dysport®/Xeomin® is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botox®/Dysport®/Xeomin® than others. In most cases this uneven appearance can be corrected by injecting Botox®/ Dysport®/Xeomin® in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Botox®/Dysport®/Xeomin® as there are both known and unknown side effects associated with any medication or procedure.

Botox should not be administered to a pregnant or nursing woman, Additionally, the number of units injected is an estimate of the amount of Botox®/Dysport®/Xeomin® required to paralyze the muscles. I understand there is not guarantee of results or any treatment. I understand the regular charge applies to all subsequent treatments,

I understand and agree that any additional services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and /or Court cost and reasonable legal fee, should this be required. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botox treatments with the above understood. I hereby release the doctor, the person injecting the Botox®/Dysport®/Xeomin® and facility from liability associated with this procedure.

Finally, I understand that I am a model patient and hereby give consent to the practicing doctors for the purpose of his/her training in this procedure/s and further hereby, release him/her from liability associated.

Patient Name: NRIC/Passport Number:	Signature: X	Date:
Witness Name: NRIC/Passport Number:	Signature: X	Date:

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INFORMED CONSENT : DERMAL FILLER

I understand that I will be injected with — — dermal filler, in the following area(s):
The indicated dermal filler has been FDA approved for use in cosmetic treatments for moderate to severe wrinkles around the nose and mouth. understand this treatment is temporary, and re-injection is necessary after about six months. It has been explained to me that other temporary and more permanent treatments are available.
The following complications may occur with the dermal filler injection procedure;
1. Risks: I understand there is a risk of bruising, redness, swelling, pain at the injection site, tenderness, itching, allergic reaction, and raised bumps of skin (nodules). These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases bruising can last sever-al months and even be permanent.
2. Infection: Post treatment bacterial, viral and/or fungal infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Effectiveness: Treatments can last anywhere from 4-6 months up to one year.
4. Treatment: I understand more than one injection may be needed to achieve a satisfactory result.
5. Allergic Reactions: In rare cases, there maybe an allergic reaction to the injection.
6. There is a risk of scarring.
7. I will follow all aftercare instructions as it is crucial I do so for healing.
As dermal fillers are not an exact science, there might be an uneven appearance of the face with some areas more affected by the fillers than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. However in some cases this uneven appearance can persist for several weeks or months.
This list is not meant to be inclusive of all possible risks associated with dermal fillers as there are both known and unknown side effects associated with any medication or procedure.
These dermal fillers should not be administered to a pregnant or nursing woman.
The number of units injected is an estimate of the amount of dermal filler required to add volume to the skin and give the appearance of a smoother face, I understand there is no guarantee of results of any treatment and the regular charge applies to all subsequent treatments.
I understand and agree that all services rendered are charged directly to me and I am personally responsible for payment. I further agree in the event of nonpayment, to bear the cost of collection, and/or Court cost an j reasonable legal fees, should this be required. Ey signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks, I hereby give consent to perform this and all subsequent dermal filler treatments with the above understood. I hereby release the doctor, the person injecting the dermal filler and the facility from liability associated with this procedure.
Finally, I understand that I am a model patient and hereby give consent to the practicing doctors for the purpose of his/her training in this procedureis and further hereby release him/her from any liability associated.

Table with 3 columns: Patient Name, Signature, Date. Includes fields for NRIC/Passport Number and Witness Name.

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注意事项

- 1、botox注射除皱针对术者当天不用化妆品，以使皱纹显示清晰。
- 2、botox注射除皱的前2周不用阿斯匹林、氨基糖甙类抗生素。
- 3、在botox注射除皱中应遵循“少量多点”的原则。
- 4、避免引起眼睑下垂和眉下垂，额纹botox注射除皱需离眉上1.0-2.0cm，眉间纹注射尽量远离眉头。
- 5、双侧注射点对称，botox剂量相等，避免肌肉松弛不一致而发生复视。
- 6、botox注射后接受注射者坐位休息，勿平躺和按摩注射部位，防止肉毒毒素扩散。

BOTOX除皱术后的注意事项：

- 1、术后24小时内，保持局部清洁干燥，不要沾水和使用刺激性的化妆品。
- 2、术后3天内，用3M胶带对注射部位固定，保持注射部位相对静止，不要大笑、哭泣等局部肌肉频繁地活动，不要按压。
- 3、注射法除皱术术后1周，不要做皮肤护理、桑拿，不要食用刺激性食物。
- 4、对BOTOX过敏者、特殊疾患人群(严重肝、肾、心肺病患者)、孕妇、未成年人禁用。
- 5、注射前后两周内，不要服用阿司匹林、氨基糖苷类抗生素。
- 6、一周内禁食辛辣、海鲜食物、忌烟酒避免频繁的咀嚼运动。