



About receiving Botox treatment

This document describes what you need to know before and after receiving Botulinum Toxin Type A injections (Botox). Should you have any unanswered questions, our staff can answer them at your in-person consultation. (The official name for Botox is Botox Cosmetic, but hereafter we'll just refer to this as Botox. Botox is a registered trademark of Allergan, Inc.)

Before treatment

What does it do?

This treatment attempts to:

1. reduce or remove the appearance of fine lines
2. reduce or resolve TMJ (teeth grinding), migraines, excessive sweating, muscle spasms, and double vision

Results will vary from person to person. We cannot guarantee how long the results will last, how much of an improvement there will be, or how painless the treatment will be.

Who should not receive this treatment?

If you have muscular disorders (e.g., myasthenia gravis, Eaton-Lambert syndrome aka LEMS), an allergy to Botox or its components, or an infection at the injection site, we will not perform this treatment on you.

What is the treatment process?

The Botox solution is injected with a tiny needle into the muscle. You can expect to see benefits over the next 2 to 14 days.

What risks are involved? What problems might I experience?

Should you experience any problems following your treatment, we can advise and treat you. Our doctor can answer any questions you might have at your in-person consultation.

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid droop, and nausea. Slight, temporary bruising may occur at the injection site.

What else do I need to know?

1. Let our doctor know of any medications you are using. In particular, let us know if you use any medications that prevent clotting of blood. (These are also known as anticoagulants.)
2. The effectiveness of the treatment varies from person to person, and you might need more than one treatment session to achieve the desired results.

Understanding and accepting the risks

Confirm the following statements:

1. I am signing this document before being treated at Recharge Medical.
2. This procedure or treatment, including anticipated benefits, material risks, and alternative therapies, has been explained to me or my legal representative.
3. All my questions regarding this treatment have been answered satisfactorily.
4. I have read and understood the information provided above and the information provided to me in person by the staff.
5. I accept all risks involved in this treatment.
6. I release Recharge Medical and its agents from all liability associated with this treatment.
7. I have shared all information about me requested and discussed above.
8. I agree to tell my provider of any future changes in my medical profile, medications, topical products, and issues related to my skin treatment.
9. Following this procedure I agree to follow the instructions in the aftercare treatment plan I am given.

Wait to sign and date below until one of our staff members watches you do so.

Printed name of client

Signature of client or client's legal guardian

Date and time

Printed name of provider

Signature of provider

Date and time