



AESTHETIC FACIAL PLASTIC SURGERY PLLC
DR. PHILIP YOUNG, MD

BOTOX | DYSPORT INFORMED CONSENT

INTRODUCTION TO BOTOX | DYSPORT

BOTOX | DYSPORT is made from the Botulinum Toxin Type A, a protein produced by the bacteria *Clostridium botulinum*. For the purpose of improving the appearance of wrinkles, small doses of the toxin are injected into the affected muscles blocking the release of a chemical that would otherwise signal the muscle to contract. The toxin thus paralyzes or 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 Botulinum Toxin Type A for the temporary relief of moderate to severe frown lines between the brow and recommends that the procedure be performed no more frequently than once every 3 months.

RISKS OF PROCEDURES

It is not known whether Botulinum A toxin can cause fetal harm when administered to pregnant women or can affect reproduction capabilities. It is also not known if Botulinum A toxin is excreted in human milk. For these reasons, Botulinum A toxin should not be used on pregnant or lactating women for cosmetic purposes. Please review the following statements before signing this document as your acknowledgement and understanding of this consent form and the risks involved in this procedure.

The details of the procedure have been explained to me in terms I understand.

Alternative methods and their benefits and disadvantages have been explained to me.

I understand that the FDA has only approved the cosmetic use of Botulinum A Toxin for frown lines between the brow. Any other cosmetic use is considered "off label".

I understand and accept the most likely risks and complications of Botulinum A Toxin injection(s) that include but are not limited to:

- Paralysis of a nearby muscle which could interfere with opening the eye(s)
- Swelling, bruising, and/or redness at injection sight



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- Disorientation, double vision, and/or past pointing
- Swallowing, speech and/or respiratory disorders
- Temporary asymmetrical appearance
- Headache, nausea and/or flu-like symptoms
- Local numbness
- Abnormal and/or lack of facial expression
- Inability to smile when injected in the lower face
- Facial pain
- Product ineffective

I am aware that smoking during the pre- and post-operative periods could increase chances of complications.

I understand and accept that the long-term effects of repeated use of BOTOX | DYSPORT Cosmetic are as yet unknown. Possible risks and complications that have been identified include but are not limited to:

- Muscle atrophy
- Nerve irritability to general health
- Production of antibodies with unknown effects

I understand and accept the less common complications, including the remote risk of death or serious disability that exists with this procedure.

I have informed the doctor of all my known allergies.

I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies, and any other oral or topical treatments.

I have been advised whether I should take any or all of these medications on the days surrounding the procedure.

I am aware and accept that no guarantees about the results of the procedure have been made or implied.

I have been informed of what to expect post-treatment, including but not limited to: estimated recovery time, anticipated activity level, and the necessity of additional procedures if I wish to maintain the appearance this procedure provides me.



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I am not currently pregnant or nursing and I understand that should I become pregnant while using this drug there are potential risks, including fetal malformation.

The doctor has answered all of my questions regarding this procedure.

I have been advised to seek immediate medical attention if swallowing, speech or respiratory disorders arise.

DISCLAIMERS

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- A. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN.
- B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT.
- C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED.

I consent to the treatment or procedure and the above listed items. I am satisfied with the explanation.

I am aware that the practice of medicine is not an exact science and acknowledge that no guarantees or promises have been made to me about the results of the procedure.

I also understand that my results and recovery will vary and may not be similar to the results and recovery of that of other patients included those depicted in aesthetic facial plastic surgery advertising.

Be sure to ask your physician if you have any questions about your care or procedure.

IT IS IMPORTANT THAT YOU HAVE READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT FORM.

I authorize and direct Philip Young M.D., with associates or assistants of his or her choice, to perform the following procedure of: Botulinum A Toxin injection(s).

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE EXPLANATION.

****Consent Form to Be Signed Electronically as Part of the Medical Record****



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BOTOX | DYSPORT INFORMATION SHEET

Congratulations on receiving BOTOX | DYSPORT. You will find that BOTOX | DYSPORT has many benefits to keeping you looking younger. We composed this information sheet to help you with your adjustment to the effects of BOTOX | DYSPORT. Always let us know if you have any questions regarding your treatment. We want you to report any adverse effects that you weren't expecting including persistent redness, swelling, movement disorders that were not expected, and excessive pain.

Again, 1-2 weeks before and after your treatment you should not take any high dose Vitamin E, aspirin, herbal medications, supplements (like fish oil, omega 3's, Chinese herbs, etc.) and anti inflammatories (like Naproxen, Aleve, Motrin, Ibuprofen, Excedrin, Indocin, Piroxicam, etc). Please review the "Medications to Avoid" sheet for more information on our Resource Page.

Immediately after BOTOX | DYSPORT:

You should have minimal swelling and this will continue to subside so that in a couple of hours there should be no signs of injection. We suggest icing your areas of injection but strictly avoid massaging the area which can disperse the BOTOX | DYSPORT to other areas that are unwanted. Cosmetics may be used immediately after injections. Strenuous activity should be avoided until the next day.

4 Days after Injecting BOTOX | DYSPORT (1-3 days with Dysport):

You will begin to see the effects of BOTOX | DYSPORT.

2 Weeks after Injecting BOTOX | DYSPORT (1 week with Dysport):

The maximum effects of BOTOX | DYSPORT should be realized. This is typically the time period when you should come back to us with any issues from the BOTOX | DYSPORT. At this time, we can inject more if needed or assess any issues that may have developed.



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3-6 Months after Injecting BOTOX | DYSPORT:

The effects of BOTOX | DYSPORT are nearing their completion and this is the point where you may consider re-injecting the BOTOX | DYSPORT for a continual effect. As you continue on a regime of BOTOX | DYSPORT, you may notice that your need to re-inject is decreased as the length of time that you have an effect from BOTOX | DYSPORT is increased and the amount of BOTOX | DYSPORT that is needed to achieve the same effect is also decreased. We would like you to make a follow-up appointment with us at 3 months to assess your progress. This is a great time to consider re-injecting more BOTOX | DYSPORT to maintain your results. You can find more important information on our website under our Procedure tab and under BOTOX | DYSPORT. Please call or email us anytime, we would really like to help you with your journey towards facial rejuvenation.

Your Team at Aesthetic Facial Plastic Surgery