



Dysport Consent

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo Dysport treatment. This disclosure is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that my practitioner or trained RNs attempt to improve my facial lines with Dysport. Dysport is approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of Dysport relax overactive muscles and soften those vertical lines. Injections in other areas to improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. The results of Dysport are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

Dysport solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next two to seven days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment.

The most common side effects may include (but are not limited to) headache, respiratory infection, flu syndrome, temporary eyelid droop, and nausea. Dysport should not be used if there is an infection at the injection site. Additionally, temporary bruising may occur at the injection site. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

I am not aware that I am pregnant or breastfeeding and that I have no significant neurologic disease.

I consent to taking of photos and authorize their anonymous use for purpose of medical audit, education and promotion.

I understand that results are temporary and several sessions may be needed for optimal results.

I understand that this procedure is cosmetic and payment is required at the time of service.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this Dysport treatment today and for all subsequent treatments.

AFTERCARE: Avoid heavy exercise for 4-6 hours, do not touch or rub areas treated, move muscles by doing expressions occasionally for several hours after treatment.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, __ HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Patient Signature

Date

Witness Signature

Date