

Dr. Gene Neytman, DO- Medical Director

Botulinum Toxin Consent Form and Filler

Patient: _____ Age: _____ Date: _____

I hereby authorize Dr. Neytman or Justina Bell PA-C to perform Dysport, Botox, Juvederm or Restylane injections on me.

I request correction of wrinkles or deep creases with Dysport, Botox, Juvederm or Restylane. I am aware that there is no malpractice coverage for this procedure and that I cannot take any action pertaining to this procedure now or in the future. As with any injection procedure, there exists the risk of side effects. These include swelling, redness, pain, itching, discoloration, and tenderness. They typically resolve spontaneously within 1-2 days after injection into the skin and within a week after injection to the lips. Other types of reactions have either started a few days after injections or after a delay of 2-4 weeks and have been described as mild to moderate self-limiting, with the duration of two weeks. Allergic reactions are rare but can happen after the injection of Dysport, Botox, Juvederm or Restylane. Consult your doctor or Emena Spa.

My practitioner has also informed me that depending on the area treated, skin type, and injection technique the effect of the treatment can last 6-12 months, but in some cases the duration of the effect of treatment can be shorter or even longer. Touch-up and follow up treatment helps sustain the desired degree of correction.

I have read the above information and my practitioner has explained the procedure to me. I understand that the success of this procedure or any procedure cannot be guaranteed and I am aware of the benefits and the risks associated with this procedure. I understand that the long-term results of this procedure are not known yet. I give my consent to proceed with Dysport, Botox, Juvederm or Restylane treatment procedure. I have been asked if I have further questions, and I do not.

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____