

TexasMD Medical Aesthetics Informed Consent Form

This consent form outlines the risks, benefits, alternatives as well as complications that could occur with the Medical Aesthetics procedures offered by your doctor. The end of this form allows you to attest that all questions have been answered to your satisfaction and that you are giving informed consent to proceed with one or more of the procedures described below. If, after you have read and reviewed this form with your doctor, you do not believe that you truly understand the risk, benefits and alternatives associated with the procedure, please do not sign the form until all your questions have been answered.

BOTOX®

I understand the intended use and benefit of Botox® is to improve the appearance of wrinkles around the eyes (crow's feet), frown lines, forehead furrows, and lower face. I understand that: research has proven Botox® works best on 'dynamic wrinkles' by blocking the signal from crossing the neuromuscular junction. This allows the muscle to relax and helps to soften the wrinkles that lie above. The effect of Botox® develops over a 5-7 day period and lasts approximately 3-6 months. The treatment is temporary.

I acknowledge that no guarantee has been given as to the results of a Botox® treatment. It has been explained to me that this procedure may fail to reduce wrinkles completely and that multiple treatments are required to obtain results. My doctor has discussed the alternative wrinkle treatments with me, include using prescribed creams (e.g. Retin A or acid based creams), facial exercises or skin resurfacing (e.g. laser or chemical peels).

Certain medications (e.g. antibiotics, aspirin, anti-inflammatories, some vitamins and herbs) may increase the potency of Botox® and may increase bruising at the time of injection. I attest that I have provided my doctor with a list of all my current medications and supplements. I understand that pregnant or nursing mothers should not undergo Botox® injections. I verify that I am not pregnant or nursing. I have also been advised that patients with Eaton-Lambert syndrome, Lou Gehrig's disease or myasthenia gravis should not receive Botox®. I attest that I do not have any of these diseases.

I understand that Botox® injection is a medical procedure and adverse effects can occur despite utmost care. The risks associated with Botox® use include but are not limited to: pain, redness, bruising, swelling, local numbness to areas near the injection site, eyebrow or eye ptosis (drooping), loss of facial expression, drooling, temporary headache during and after injections, nausea, double vision, asymmetry and the development of antibodies to Botox®.

Intense Pulse Light (IPL)

This section outlines the risks, benefits and complications that could occur with Intense Pulse Light (IPL) Procedures.

I understand Intense Pulse Light (IPL) is used as a hair reduction treatment, as well as for photorejuvenation and treatment of skin lesions such as age spots, spider veins and rosacea.

- I understand hair removal works best where the hair is much darker than the surrounding skin.
- I understand there may be some discomfort during treatment.
- I understand there may be redness for a few days after treatment.
- I have been told I will require several treatments.
- I understand there are no guarantees as to the results & the process may not be completely permanent.

I understand that side effects may occur and include:

- Redness
- Change of pigmentation
- Swelling
- Blistering.
- Scabbing.
- Scarring

I understand that certain medical conditions such as diabetes, cancer, hormonal disorders, lupus erythematosus, keloid scarring, coagulopathies, and epilepsy are contraindications for IPL/ treatments. Medication such as Acuttane and anti-coagulants can cause fragile, dry skin and increase bleeding. I attest I have disclosed my medical details and current medications to my practitioner.

I have disclosed to the treatment practitioner all information that has been requested & agree to have this treatment performed on me. I further agree to follow all post procedure care instructions as I am directed. If I have any problems, I will report it to the physician immediately for treatment.

DERMAL FILLERS (examples; Restylane/Juvederm/Radiesse)

Dermal filler injections are given to correct facial wrinkles and/or for lip augmentation. Most fillers are FDA approved for the nasolabial area (nose-lips) and the fold between the cheek and the nose/upper lip ("on-label" use). I understand that the safety and effectiveness of treating facial areas other than the nasolabial folds has not been studied; however, may fillers have been used to enhance the appearance of lips and other areas of the face in over 60 other countries. This "off-label" aspect of the treatment has been explained to me.

There are alternatives to dermal filler injections, including no treatment, collagen for lip or other facial soft tissue augmentation, and cosmetics, Botox, laser skin resurfacing, chemical peels, or plastic surgery for wrinkle reduction.

I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and additional

treatments may be necessary to maintain the desired effect. Depending on the filler used, and the speed of my personal metabolism, the effects can generally last around 8 to 15 months.

Side effects and complications of dermal fillers include but are not limited to:

- Potential allergic reaction. As with any product, allergies can develop during or after injection.
- Injection site reactions: a lumpy or "thick" feeling at or just under the skin, bruising, redness, itching, pain, tenderness, or slight swelling.
- Injections into the lip area could trigger a recurrence of facial cold sores (Herpes simplex infections) for patients with a history of prior cold sores.

Due to the potential for an allergic reaction, dermal fillers are not recommended for patients with severe allergies or a history of anaphylaxis.

The risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin and non-steroidal anti-inflammatory drugs (e.g., Ibuprofen, Aleve, Motrin, Celebrex), high doses of Vitamin E, and certain herbs (Ginkgo Biloba, St. John's Wart).

The safety of dermal fillers in pregnant or breast-feeding women has not been established, and is therefore not recommended for these women.

I understand the need for local anesthesia to reduce the discomfort of the procedure and consent to the topical application of anesthetic gel and/or injections for a nerve block or local infiltrative anesthesia.

CHEMICAL PEEL

I understand that a chemical peel may be useful in improving the appearance of the complexion, may reduce the appearance of fine lines and wrinkles, as well as diminish discoloration. However, I understand it may cause swelling or puffiness on the area treated that may be uncomfortable. The procedure may cause my skin to appear red and peel like a sunburn. During and after the procedure, the following may be experienced: stinging, itching, burning, pain, tightness, peeling and scabbing of the superficial layers of the skin. Generally, these sensations will gradually diminish over time as the skin returns to its normal appearance. However, some patients may react differently. For example, in unusual and severe cases, the skin may turn very red, blister, swell and later scab and crust. The skin may be uncomfortable and look like a very bad sunburn. The peeling usually lasts about three to seven days, although it may last longer. I understand that there is a small risk of developing a temporary or permanent pigment (color) change in the skin. As with any aesthetics procedure, there is a small incidence of the reactivation of cold sores (herpes infections) in patients with a prior history of herpes. There is also a small incidence of a flare of acne-like lesions after the peel. There is the slight possibility of scarring and/or infection. I understand I should not pick at any

scabbing that may result, in order to minimize the potential of scarring or infection. I also understand that to achieve optimal benefits, I should have multiple peels spread out over time, and that the benefits achieved are not permanent. I consent to the treatment known as a chemical peel. The treatment has been explained to me, and I have had the opportunity to ask questions regarding this treatment.

FINANCIAL

I understand that treatment with Medical Aesthetics procedures involves payment, and the fee structure has been fully explained to me. I understand that these are elective cosmetic procedures and are not deemed medically necessary. Because of this, third party insurance and government payors will not reimburse for the procedures, and charges will not be submitted to them for payment. I agree that payment is due in full on or before the day of service, and always before the procedure begins. I also agree that missing my appointment or rescheduling a Medical Aesthetics procedure with less than 48 hours notice will incur a \$100 administrative fee.

SIGNATURE

I voluntarily request treatment with one or more of the above Medical Aesthetics procedures from my doctor. I confirm with my signature below that my doctor has discussed the above information with me and explained the alternatives, risks, complications and benefits of the above Medical aesthetics treatment, and all my questions have been fully answered to my satisfaction. No guarantees about results have been made. I thereby give my unrestricted informed consent for the procedure(s) as well as future treatments as needed.

Patient signature _____

Patient name (PRINTED) _____

Today's Date _____

Date of Birth _____