

## Neuromodulator Injection Consent

Informed Consent: I understand that 18 Spa, aesthetic staff are offering me an informed consent regarding aesthetic services. This consent serves to educate me, inform me of alternative options, reviews common/uncommon/temporary/permanent risks and complications, use of my photos or videos for marketing purposes and approval with my signature. By signing this form, I consent to photographs, treatment and release all liability from 18 Spa. I understand that this is an elective procedure and therefore accept all risks associated with this procedure.

Treatment: Neurotoxin injection

Purpose: Temporary reduction of facial wrinkles and fine lines including glabella, forehead, crows feet, nasalis, lips, perioral, platysmal bands, other.

Common side effects, risks, and complications: headache, brief redness, swelling, twitching, numbness, bruising, rare eyelid droop or eyebrow, unevenness, eye muscle or other distant muscle (respiratory, other) paralysis (very rare). Hooded eyelids may appear heavy or droopy after the use of Neurotoxin.

Pre-care: Avoid alcohol, NSAIDS, aspirin, vitamin E, flaxseed or fish oils a few days prior.

Contraindications: You cannot receive this procedure if you are pregnant/lactating, could be pregnant, have a neuromuscular condition or weakness of the musculoskeletal system.

Post-care: Stay upright for 4 hours. Avoid heavy exercise for 4 hours after treatment. Do not move injected muscles with your hands, or massage injected areas. No tight headbands, helmets to area. It is ok to use your face muscles as you normally would. Use Arnica post injection (cream or pills) to heal bruising. Gently apply ice as needed.

Follow-up and touch ups: Follow-up at 2 weeks for effect check, symmetry, appearance. Additional touchup treatment will be an additional cost not related to your initial injections.

Alternative options: microdermabrasion, microneedling, sublative, topical products, do nothing.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regimen, I will consult with my provider immediately. I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa responsible for any of the conditions that were present, but not disclosed at the time of the skin care procedure, which may be guided by the treatment form today.

Client Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Client Name (signature) \_\_\_\_\_

Skin Care Professional (signature) \_\_\_\_\_