

PRE-TREATMENT CARE

- If you have a special event or vacation coming up, please keep in mind that you may want to schedule your treatment at least 2 weeks in advance.
- You should not schedule any invasive procedures for 2 weeks before or after treatment with RESTYLANE® LYFT. These include but are not limited to:
 - o Dental cleaning or dental work, Lesion excision or biopsy
 - o Surgery of any kind
 - o Internal device placement
 - o Tattoo or permanent makeup
- History of surgical face lift of any kind will lead to denial of treatment of dermal fillers (RESTYLANE® LYFT) to the mid-face or cheek region.
- It is recommended to discontinue use of Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E or any other essential fatty acids at least 3 days - 1 week before and after treatment to minimise bruising/bleeding. Consult your GP prior to discontinuing any medications.
- Avoid alcohol, caffeine, Niacin supplement, high-sodium foods, high sugar foods, refined carbohydrates, spicy foods and cigarettes 24-48 hours before and after your treatment. These items may contribute to increased swelling or irritation.
- If you have a history of cold sores with outbreaks occurring more than 4 times a year, it is recommended that you are pretreated with medication prior to the injection treatments around or near the oral area. The medication will need to be initiated 3 days prior to your treatment visit. Please consult with your GP in obtaining the medication.
- If you develop a cold/flu, cold sore, blemish, or rash, etc. in the area to be treated prior to your appointment, we recommend that you please reschedule your appointment until it resolves.
- It is recommended to discontinue Retin-A 2-3 days before treatment to avoid any increased redness and irritation.
- It is recommended that you wait at least 2 weeks to have dermal filler treatments performed if you have previously had cosmetic treatments with laser, ultrasound, peels, facials or micro-dermabrasion.
- Be sure to have a good breakfast, including food and drink a minimum for 2 hours before your procedure. This will decrease the chances of lightheadedness during your treatment.
- You are not a candidate if you are pregnant or breastfeeding.

During the course of your treatments, notify our staff of any changes to your medical history, health status, or personal activities that may be relevant to your treatment.

BOTULINUM TOXIN INJECTION CONSENT FORM

I understand that I will be injected with Botulinum A Toxin in the area of the glabella muscles to paralyse these muscles temporarily or in the forehead or crow's feet around the lateral area of the eyes.

Botulinum A Toxin injection has been FDA approved for use in the cosmetic treatment for glabella frown lines only – the wrinkles between the eyebrows.

Injection of Botulinum A Toxin into the small muscles between the brows causes those specific muscles to halt their function (be paralysed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available. Hyperhidrosis (excessive sweating): blocking the release of acetylcholine. (Acetylcholine is the body's chemical which stimulates the sweat glands)

The possible side effects and risks of Botulinum A Toxin include but are not limited to:

1. I understand there is a risk of swelling, rash, headache, and local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.
2. Infection: Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
4. Although many people with chronic headaches or migraines often get relief from Botulinum A Toxin, a small percent of patients get headaches following treatment with Botulinum A Toxin, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.
6. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
8. While local weakness of the injected muscles is representative of the expected pharmacological action of Botulinum A Toxin, weakness of adjacent muscles may occur as a result of the spread of the toxin.
9. Treatments: I understand more than one injection may be needed to achieve a satisfactory result.
10. Another risk when injecting Botulinum A Toxin around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye

drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.

I will follow all aftercare instructions as it is crucial I do so for healing.

As Botulinum A Toxin injection is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botulinum A Toxin than others. In most cases this uneven appearance can be corrected by injecting Botulinum A Toxin in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Botulinum A Toxin as there are both known and unknown side effects associated with any medication or procedure.

Botulinum A Toxin should not be administered to a pregnant or nursing woman.

Additionally, the number of units injected is an estimate of the amount of Botulinum A Toxin required to paralyse the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

I have read this informed consent and certify I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is "elective" and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this clinic, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required. PHOTOGRAPHS: I authorise the taking of clinical photographs and their use for scientific and educational publications and presentations. I understand my identity will be protected. I understand photos are mandatory for insurance purposes.

Pre and Post treatment care

I confirm I have read and understood the pre treatment care recommendations provided and I am happy to proceed with the treatment. I confirm I have read and understood the post treatment care provided and will follow these instructions.

By accepting, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent treatments with the above understood. I hereby release the doctor, the person injecting the Botulinum A Toxin and the facility from liability associated with this procedure.



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