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Botox/Xeomin/Dysport/Jeuveau Informed Consent for Treatment

I, _____ hereby authorize treatment by Megan Davies and whomever she may designate to perform Botox cosmetic, Xeomin or Dysport Injections

Possible side effects of these injections include but are not limited to:

- Swelling, rash, headache, local numbness, pain at the injection site, eyelid edema, flu like symptoms, bruising, respiratory problems/difficulty swallowing or allergic reaction.
- Weakness of adjacent muscles
- Temporary Drooping of the eye (Ptosis)
- **I understand Botox is only FDA approved for crow's feet and glabellar lines (wrinkles between the eyebrows). 24 units are indicated for crow's feet and 20 units for glabellar region. Xeomin and Dysport are FDA approved to treat glabellar lines. All other uses are considered off-label.**
- **I understand I should not use Dysport if I have a cow's milk protein allergy**
- **I understand It is not recommended to treat the forehead without co-treating the glabella (between the eyebrows). If I chose to do so it is at my own risk of a poor result as these muscles work together.**
- **I attest I have considered alternatives to this procedure and that this has been discussed with the medical provider.**
- **I understand that botulinum toxins are not effective on everyone and there is no guarantee that results will be achieved.**
- **I understand there will be swelling at the injection site that usually goes down within an hour but could last longer.**
- **I understand botulinum toxins last between 2-6 months and that I will need repeated treatments to maintain their effectiveness.**
- **I understand the amount of botulinum toxins given is a recommended amount the injector has found to be therapeutic and also what is recommended by the manufacturer of these medications. I understand that I may need an additional "touch up" appointment at which time there will be an additional cost.**
- **I agree not to lay down for four hours after injection and agree not to rub the injected area that day.**
- **I attest that I am not pregnant or nursing and have never had a severe reaction to Botox or have existing neuromuscular conditions, as this treatment would be contraindicated for these reasons.**
- **I consent to taking of photographs during the procedure for educational purposes, marketing and for observing clinical response. Please initial here if choosing to opt out of marketing pictures _____**
- **I agree that all services provided are directly charged to me and that I am personally responsible for payment at time of treatment.**

By signing this consent form I am agreeing to be treated with Botulinum toxins and have read the form in its entirety. I also release Megan Davies, whomever she may designate and Desert Holistic Health from any responsibility associated with the side effects mentioned above.

Patient Signature

Date