



### **CONSENT TO DYSPORT® TREATMENT**

Dysport® contains the neurotoxin Botulinum toxin type A (abobotulinumtoxinA) produced by fermentation of the bacterium *Clostridium botulinum* type A, Hall Strain. The neurotoxin complex is composed of the neurotoxin, hemagglutinin proteins and non-toxin non-hemagglutinin protein. Dysport® can relax the muscles on areas of the face and neck which cause wrinkles that are associated with facial expressions. Treatment with Dysport® can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles. Dysport® is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-6 months. With repeated treatments, the results may tend to last longer.

### **Risks and Complications**

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but not limited to:

- Dry mouth
- injection site discomfort or pain
- injection site infection
- fatigue
- headache
- neck pain
- muscle pain
- eye problems: double vision, blurred vision, decreased eyesight, problems with focusing the eyes (accommodation), drooping eyelids, swelling of the eyelids
- allergic reactions. Symptoms of an allergic reaction to DYSPORT™ may include: **itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint.**

**Tell your doctor or get medical help right away if you get wheezing or asthma symptoms, or if you get dizzy or faint. Tell your doctor if you have any side effect that bothers you or that does not go away.**

**Photographs**

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

**Pregnancy, Allergies, and Neurologic Disease**

I am not aware that I am pregnant and I am not trying to get pregnant. I am not lactating (nursing), nor do I have any significant Neurologic Disease including, but not limited to: Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), and Parkinson’s. **I have no known hypersensitivity to any botulinum toxin ingredients or cow’s milk protein ( does not refer to lactose intolerance).**

**Payment**

I understand that this procedure is cosmetic and that payment is my responsibility.

**Results**

I am aware that when small amounts of purified botulinum (Dysport®) are injected into a muscle the result is weakness and/or paralysis of that portion of the muscle. This appears in 2-7 days and usually lasts 3-6 months, but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. I understand that I will not be able to “frown” while the injection is effective, but this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and I must not manipulate the area of the injection for the 2 hours following the injections.

I hereby voluntarily consent to treatment with Dysport® injections for the condition known as: Facial Dynamic Wrinkles. The procedure has been explained to me and I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure. I certify that if I have any changes in my medical history, I will notify the office.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_