Semone Rochlin D.O.

Cosmetic & Reconstructive Surgeon
Board Certified General Surgeon

Botulinum Toxin Type A & Dermal Filler Informed Consent Form

Patient name:_____Date: _____

Please initial each paragraph after reading. If you have any questions ask Dr. Rochlin BEFORE initialing.

Permission includes the administration of medicines for local or general anesthesia and/or intravenous sedation or analgesia as deemed suitable or as become necessary. An informed consent requires that common complications be made known to you. Most of these are not expected to occur. All must be considered. The law requires that you be made informed.

You have the right to be informed about your condition and the recommended treatment plan so that you may make an educated decision as to whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but is rather an effort to provide information so that you may give or withhold your consent.

Please read the additional information provided regarding treatment, products used during treatment and after care instructions.

Botulinum Toxin Type A injections may include, but are not limited to, the following risks and complications:

Please initial each line below

_____1. Allergic reactions, including rash, itching, local swelling, local numbness to areas near the injection site, swelling, bruising, drooping eyes, loss of facial expression, drooling, burning sensation and/or minimal pain during the injections, temporary headache during and after the injections, nausea, paralysis in one or more extra-ocular muscles (eyes) causing double vision, facial asymmetry (one side looks different than the other), permanent loss of muscle tone with repeated injections and the development of antibodies to Botulinum Toxin Type A.

_____2.Botulinum Toxin Type A. Cosmetic contains albumin from human blood, to which certain individuals are allergic. If you have had adverse reactions to certain immunizations or are allergic to eggs, you should not use Botulinum Toxin Type A.

_____3. The effects of Botulinum Toxin Type A are increased when patients are taking certain antibiotics (amino glycoside derivatives) and other drugs that interfere with neuromuscular transmission. Be sure to advise your doctor of all medications you are taking or have recently taken.

_____4. Because Botulinum Toxin Type A contains human albumin, there is a remote chance of transmission of serious viral diseases. This complication has never been identified, but it is possible.

_____5. Bruising may be possible, especially if Botulinum Toxin Type A is used around the eye area. Typically, these discolored areas disappear with time.

_____6. If used around the eye, Botulinum Toxin Type A may cause difficulty in closing eyelids tightly. The result may become exposed with resultant drying, potential ulceration and visual complications. The affected eyelid may droop. Protective patching and/or medication may be required until this complication has passed.

_____7. The safety of Botulinum Toxin Type A in pregnant women or nursing mothers has not been established. Please advise your doctor if there is any chance you might be pregnant.

_____8. I have fully and truthfully informed my doctor of my past medical and social history, including drug and alcohol use, recognizing that withholding information may jeopardize the planned outcome of this treatment.

_____9. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal result.

_____10. If any unforeseen condition should arise during this procedure calling for additional or different procedures from those planned, I authorize my doctor to use professional judgment to provide the appropriate care to complete the procedure.

_____11. I understand this is an elective procedure and have not been given any warranty or guarantee as to the result of the proposed procedure.

_____12.Studies have shown that, in rare cases, a patient may develop antibodies to Botulinum Toxin Type A in as few as three doses, thereby reducing its effectiveness. Thus, Botulinum Toxin Type A may occasionally not have the planned effect or the results may not be as anticipated.

_____13.I certify I have had an opportunity to read the above paragraphs and I fully understand the terms used. I also state that I read, speak and understand English, if not, a translator (signed as witness below) has fully explained all aspects of this consent.

Please read the additional information provided regarding treatment, products used during treatment and after care instructions.

_____1. I will be injected with a Dermal Filler product best for my application purposes and will be selected by my physician for treatment in the facial area. These injections are implanted in the skin through a fine gauge needle into the treated area. Dermal Fillers are composed of Hyaluronic Acid and Calcium Hyboxylapatite.

_____2. The dermal fillers being used in my treatment have been approved by the FDA for use in cosmetic treatments of fine facial wrinkles and folds. I understand that dermal fillers are used for the contouring and volumizing of facial wrinkles, creases and folds. I further understand it will be my physicians' decision in regards to which product will be used to treat me.

_____3. I understand that multiple treatments are necessary to achieve desired results. Treatments generally last for up to 4-6 months or longer. Touch up treatments may be necessary to maintain desired results. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

_____4. **Possible Side Effects** can include but are not limited to: Allergic reaction or infection, cold sore or fever blister outbreak, bleeding, tenderness or pain, redness, bruising, scarring, lumps, bumps or swelling at injection site.

_____5. People with a history of cold sores may experience a recurrence after the treatment, although this can be minimized by the use of antiviral medicines. I agree to consult with my physician if I have a history of cold sore or fever blisters prior to this treatment.

_____6. I have advised my physician if I have severe allergies, particularly allergies to bacterial proteins. If I have an allergy to bacterial proteins I understand I am not a candidate for this treatment. I have also advised my physician or nurse if I have asthma, hay fever, eczema or a history of multiple allergies as any of these issues may increase my risk of allergic reaction.

_____7. I have provided with and have read and understand the Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of side effects and complications as listed above.

_____8. I have advised my physician or nurse if I am pregnant, trying to get pregnant or if I am nursing.

The following additional risks have also been explained to me: Certain medications (e.g. antibiotics, aspirin, anti-inflammatories) and even some vitamins and herbs may increase the potency of Botulinum Toxin Type A and may increase bleeding and bruising at the time of injection. I attest that I have provided my physician with a list of all my current medications and supplements. I understand that pregnant or nursing mothers should not undergo Botulinum Toxin Type A injections. It is not known through research whether a Botulinum Toxin Type A injection has any effect of a fetus or whether it is found in breast milk and is therefore presumed unsafe. I verify that to the best of my knowledge I am not pregnant and I am not nursing. I also have been advised that patients with Eaton-Lambert syndrome, Lou Gehrig's disease or myasthenia gravis should also not receive Botulinum Toxin Type A; I attest that I do not have any of these diseases and have fully discussed my medical history.
I have been advised and I understand that: research has proven Botulinum Toxin Type A works best on those wrinkles known as "hyperkinetic wrinkles" (wrinkles in motion). These hyperkinetic muscles contract during facial expressions such as squinting or frowning. Botulinum Toxin Type A works by blocking the signal from crossing the "neuromuscular junction" and allows the muscle to relax and helps to eliminate the wrinkles that lie above. Botulinum Toxin Type A can be injected in small amounts into the affected muscle(s) and that no sedation is required for a Botulinum Toxin Type A injection. I understand that the FDA has approved Botox® for patients under the age of 65. I understand Botulinum Toxin Type A generally lasts from 3-6 months, sometimes longer. I understand and acknowledge that no guarantee has been given as to the results of a Botulinum Toxin Type A 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. Occasionally, "touch-up" injections may be required for full effect. My physician will discuss with me how many treatment(s) may be needed to maintain results.

I confirm with my signature below that the physician has discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to my satisfaction, and that I thereby give informed consent for the administration of Botulinum Toxin Type A and/or Dermal Fillers on me. I voluntarily request treatment by the provider, which has been explained to me, and my questions regarding such treatment, its alternatives, its complications and risk have been answered by the doctor, staff, and/or written information. My questions have been fully and completely answered for me and I have read this document and understand its contents. I acknowledge that I have read the post procedure instructions and Dr. Rochlin has answered all of my questions pertaining to the post procedure instructions. I hereby give my unrestricted informed consent for the procedure. In the event a dispute arises over the outcome of my procedure, I consent solely to arbitration as a legal means of settlement.

Consent for photographs: By signing below, I give permission for photographs to be used by Dr. Semone Rochlin, D.O. and/or staff for educational and/or promotional purposes. Complete patient confidentially will be maintained at all times.

Patient Name: (Please Print) _____

Patient signature: _____**Date** _____

Witness: _____**Date** _____

Physician Only: I confirm with my signature that I have made time available to discuss with the above-named patient the risks, potential complications, and intended benefits of Botulinum Toxin Type A and/or Dermal Fillers. The patient has had the opportunity to ask any questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested that I administer Botulinum Toxin Type A and/or Dermal Fillers to him/her.

Physician signature: _____**Date:** _____

Our patients are offered a copy of any form they sign

Subsequent Botulinum Toxin Type A and/or Filler Treatments (history reviewed)

Note: All prices are subject to change without prior notice for future applications.

Patient signature: _____

Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____
Date_____	Date_____	Date_____