NEW IMAGE HEALTH & WELLNESS

INFORMED CONSENT FOR BOTOX® AND AFTERCARE INSTRUCTIONS

Client Information

First Name: _____

Last Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Preferred Contact Method: _____

Procedure: Administration of Botulinum Toxin Type A (Botox®) for cosmetic and/or therapeutic purposes.

1. Description of Treatment
Botulinum Toxin (Botox®) is a purified protein derived from Clostridium botulinum. When injected into specific muscles, it temporarily blocks nerve signals and reduces muscle activity. Treatment may be used for cosmetic concerns such as forehead lines, frown lines, and crow's feet, or for therapeutic conditions including chronic migraines, excessive sweating, and muscle spasticity.

2. Expected Results
• Cosmetic wrinkle reduction lasting approximately 3–6 months.
• Therapeutic symptom relief depending on the condition treated.
• Results typically appear within 3–14 days.
• Maintenance treatments are required to maintain results.

3. Alternatives
No treatment, skincare products, dermal fillers, laser resurfacing, surgical procedures, Dysport®, Xeomin®, or other treatment options.

4. Potential Risks and Side Effects
Common: • Redness, swelling, bruising, tenderness, or pain at injection sites.
• Headache or flu-like symptoms.
• Temporary eyelid drooping, asymmetry, or dry eyes.

Less Common/Rare: • Allergic reactions.
• Muscle weakness.
• Difficulty swallowing or breathing (rare).
• Infection.
• Unsatisfactory cosmetic outcome.

Contraindications
• Pregnancy or breastfeeding.
• Neuromuscular disorders such as ALS or Myasthenia Gravis.
• Allergy to Botox® components.
• Active infection at treatment site.

5. Pre-Treatment Instructions
• Avoid blood-thinning medications when approved by your physician.
• Disclose all medications and medical conditions.
• Avoid alcohol 24 hours prior to treatment.

AFTERCARE INSTRUCTIONS

6. Post-Treatment Instructions
• Remain upright for at least 4 hours.
• Do not rub, massage, or apply pressure to treated areas.
• Avoid strenuous exercise, saunas, hot tubs, facials, and excessive heat for 24 hours.
• Do not lie flat for 4 hours after treatment.
• Minor swelling or bruising is normal; cold compresses may be used if needed.

7. Follow-Up
Schedule a follow-up appointment in approximately 2 weeks to evaluate results. Contact the clinic immediately if you experience severe pain, vision changes, difficulty swallowing, difficulty breathing, or signs of infection.

8. Photography
Before and after photographs may be taken for medical documentation and treatment evaluation. Photographs remain confidential unless separate written consent is provided.

9. Cost and Payment
Treatment Cost: $_____ per unit/area.
Payment is due at the time of service. Cosmetic Botox® treatments are generally not covered by insurance.

10. Voluntary Consent
I have read and understand the information above. I have had the opportunity to ask questions and receive satisfactory answers. I understand the risks, benefits, alternatives, and limitations of Botox® treatment. I voluntarily consent to treatment.

Client Signature: _____

Printed Name: _____

Date: _____

Provider Signature: _____

Date: _____