



CONSENT FOR INJECTABLE (BOTOX) TREATMENT

I hereby request and authorize RoMa Rejuvenation or designated staff to perform the following procedure: Botulinumtoxin A Cosmetic Injection.

Botulinumtoxin A is a neurotoxin produced by the bacterium Clostridium A. Botulinumtoxin A can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions.

Treatment with Botulinumtoxin A 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)**
- c) Forehead wrinkles.**
- d) Lower facial muscles and region surrounding the lips**

Botulinumtoxin A 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 could last 3-6 months.

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 are not limited to:

- 1) Post treatment discomfort, swelling, redness, and bruising**
- 2) Post treatment bacterial, viral, and/or fungal infection requiring further treatment**
- 3) Allergic reaction**
- 4) Minor temporary droop of the eyelid(s) in approximately 2% of injections (this usually lasts 2-3 weeks)**
- 5) Occasional numbness of the forehead lasting up to 2-3 weeks**
- 6) Transient headache**
- 7) Flu-like symptoms**

PHOTOGRAPHS

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



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PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant, have any significant Neurologic disease, or have any allergies to the toxin ingredients, or to human albumin.

PAYMENT

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

RESULTS

I am aware that when small amounts of injectable (Botox/Xeomin) are injected into a muscle it causes weakness or paralysis of that muscle. This could appear in 5 to 7 days and usually lasts 3-6 months, but it could be shorter or longer.

In a very small number of individuals these injectables may 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 that 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 that I must not manipulate the area of the injection for four hours post-injection period.

I hereby voluntarily consent to treatment with Botox injection(s) for the condition known as: Facial Dynamic Wrinkles. The procedure has been explained to me. I have read this document in full and understand it. All my questions have been answered satisfactorily. I accept the risks and complications of the procedure and will not hold RoMa Rejuvenation (Employees/Staff/Owners/Injectors) responsible should anything go wrong with either the procedure/product/results; even if I am not 100% satisfied with the results. I also understand there are no refunds after the product has been injected. By signing this document I forfeit my rights to bring forth any type of lawsuit against California Skin Center, INC and their D.B.A Roma Rejuvenation (Employees/Injectors/Owners/Staff) should any adverse effect (permanent or temporal) should occur as a result of any of the procedures performed for me. I have read and understood all conditions and agree.

Patient Signature Date

Witness Signature Date



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