

Ageless MDSolutions
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BRIEF MEDICAL HISTORY **Date** _____

Name _____ DOB _____

Phone _____ e mail _____

Address _____

City/State _____ Zip _____

PAST MEDICAL HISTORY/HOSPITALIZATIONS/SURGERIES/ MEDICATIONS:

ALLERGIES:

Family Physician's Name _____

Women, are you pregnant or lactating? _____

Do You Have Any Neurological or Muscular Diseases or Issues? (Such as muscle weakness, Myasthenia Gravis, ALS, visual problems?)

Are you CURRENTLY taking ANY antibiotics? (especially Aminoglycosides)

CONSENT TO BOTULINUM TOXIN A TREATMENT (Botox®, Xeomin®)

Botulinum toxin a neurotoxin produced by the bacterium Clostridium A, can relax the muscles on areas of the face which cause wrinkles associated with facial expressions. Treatment with botulinum toxin A can cause our 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. Botulinum toxin A is diluted to a very controlled solution and when injected into the muscles with a very thin needle. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes, the effect will take 3-7 days, and the results last 3-5 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 are not limited to: 1) Post treatment discomfort, swelling, redness and bruising, 2) Post treatment bacterial, viral and/or fungal infection requiring further treatments, 3) Allergic reaction, 4) Minor temporary droop of 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, and 7) Flu-like symptoms may occur.

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 & NEUROLOGIC DISEASE

I am not pregnant. I do not have any significant neurological disease. I have no 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 purified Botulinum toxin are injected into a muscle it causes weakness or paralysis of the muscle. This appears in 3-10 days and usually last 3-5 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 expected. I that I must stay in the erect posture, not exercise, and that I must not manipulate the area of the injection for the four hours post-injection period.

Some injection areas may be considered "off label". I understand what this means.

INFORMED CONSENT TO BOTULINUM TOXIN A TREATMENT

I hereby voluntarily consent to treatment with Botulinum Toxin A, (***Botox***[®], ***Xeomin***[®]) injected for the condition known as Facial Dynamic Wrinkles. The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure. I have truthfully answered the Medical History Questions. My questions have been addressed. No results are guaranteed. I have Dr. Lieberman's contact information.

Patient Signature

Date

Doctor/ Witness Signature

Date

INFORMED CONSENT TO DERMAL FILLER TREATMENT

The appropriate dermal filler has been FDA approved for use in cosmetic treatments for moderate to severe wrinkles. I understand this treatment is temporary, and re-injection may necessary, especially after about 6 months - 2 years, to maintain the appearance. It has been explained to me that this procedure is elective. Some injection areas may be "off label".

The following, and other complications, may occur with the dermal filler injection procedure:

Bruising, redness, swelling, pain at the injection site, tenderness, itching, allergic reaction, and raised bumps of skin (nodules). These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases bruising can last several months and even be permanent. There is a risk of nerve damage, and blood vessel damage that can cause severe problems. There are reported cases of blindness. It is possible to dissolve hyaluronic acid fillers with a hyaluronidase, to which I consent.

Post treatment bacterial, viral and/or fungal infections can occur, which would require treatment, and possibly hospitalization. Permanent scarring in the area can occur.

I understand that more than one injection may be needed to achieve a satisfactory result.

A topical anesthetic may be applied prior to treatment. Local anesthesia with Lidocaine and/or Epinephrine may be used prior to cannula use. This has been explained to me. Most fillers used at Ageless MDSolutions have lidocaine anesthetic mixed with the hyaluronic acid. A needle or a cannula may be used to insert the filler. The cannula will require a "pilot" hole, made with a small needle. If epinephrine is used with the anesthetic, the area may blanch for about an hour.

Allergic Reactions: In rare cases, there may be an allergic reaction to the injection.

There is a risk of scarring.

I will follow all aftercare instructions, as this is crucial for healing.

As dermal fillers are not an exact science, there might be an uneven appearance of the face, with some areas more affected by the fillers than others. In most cases this uneven appearance can be corrected with follow up filler. In some cases, this uneven appearance can persist for several weeks or months.

The above list is not meant to be inclusive of all possible risks associated with dermal fillers as there are both known and unknown side effects associated with any medication or procedure.

Dermal fillers should not be administered to a pregnant or nursing woman. The amount of dermal filler required to add volume to the skin, and give the appearance of a smoother face, will be determined by the doctor, with my consent. I understand there is no guarantee of results for any treatment.

By signing below, I acknowledge that I have read this informed consent and I agree to the treatment with its associated risks, and I release the Doctor for any damages.

I hereby give consent to perform this and all subsequent dermal filler treatments with the above warnings.

Patient Signature _____ Date _____

Doctor/Witness _____ Date _____