Notes: S M W D

Occupation:

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®, Jeuveau)®

Botulinum toxin is 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 winkles to modify and, in some cases, disappear. Areas most frequently treated are: a) glabellar area or 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 then injected into the muscles with a very thin needle. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes, the onset of effect is about 3-7 days, and the results last 3-5 months (with variations). Some areas injected may be "off-label", which means treatment in those areas has not been FDA approved. There is consensus that many of these areas are safe.

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure ad 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, 5) occasional numbness of the forehead, 6) Transient headache, 7) Flu-like symptoms, asymmetry of the face.

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for review, or scientific purposes both in publications ad presentations.

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. I am not taking antibiotics.

PAYMENT

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

RESULTS

I am aware that when small amounts of 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 understand that I must not manipulate the area of the injection for four hours after the injection. Traditional counselling about not exercising or not lying down has not been confirmed scientifically.

INFORMED CONSENT TO BOTULINUM TOXIN A TREATMENT

I hereby voluntarily consent to treatment with Botulinum Toxin A, ***(Botox®, Xeomin®, Jeuveau®)*** 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

Juvéderm®, Radiesse®, and Belotero® dermal fillers are FDA approved for the cosmetic treatment of fine, moderate or severe wrinkles, lines, and areas where I have requested an increase in volume. 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", meaning treatment in these areas has not been FDA approved. I understand that the administration of dermal fillers may be dangerous. It is done for cosmetic purposes.

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. There is risk of unintentional injection into a blood vessel, and migration of the filer to other areas of the face, and body. This can cause severe, permanent problems, including visual disturbances, blindness, stroke, and permanent scarring. It is possible to dissolve hyaluronic acid fillers with a hyaluronidase, to which I consent. This does not guarantee that the complication will be cured. Radiesse® is made from calcium hydroxyapatite and is not dissolvable. In the case of a complication, the area may be flooded with sterile

water.

Post treatment bacterial, viral and/or fungal infections can occur, which would require treatment, and possibly hospitalization. Permanent scarring in the area can occur. There are reports of severe problems, including blindness and death.

I understand that more than one injection may be needed to achieve a satisfactory result. A topical anesthetic, or ice, may be applied prior to treatment. Fillers may be administered with a needle or with a bunt cannula. 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 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. I have Dr. Lieberman's contact information.

Patient Signature_____Date_____

Doctor/Witness _____Date_____