



Address 1 ☐ 2445 Country Place Blvd. Suite 103, New Port Richey, FL 34655

.Address 2 ☐ 6928 W. Linebaugh Ave. Suit 102, Tampa, FL 33625

Phone ☐ (813) 749-7143

Fax ☐ (813) 264-9262

Website ☐ www.westchasespa.com

Informed Consent - BOTOX (Botulinum A Toxin)/DYSPORT(Botulinum A Toxin)

I, _____, understand that I will be injected with Botulinum A Toxin (Botox/DySport) in the areas agreed upon with _____ to partially paralyze these muscles temporarily. These may include muscles associated with the glabella, forehead, crow's feet, sad lines, upper lip, or _____.

Botulinum A Toxin (Botox/DySport) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows and lateral canthal lines (crow's feet) in adults.

Injection of Botox/DySport into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available.

The possible side effects of Botox/DySport include but are not limited to:

- 1. Risks: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.**
- 2. Infection:** Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
- 3.** Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
- 4.** Although many people with chronic headaches or migraines often get relief from Botox/DySport, a small percent of patients get headaches following treatment with Botox/DySport, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
- 5.** Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.
- 6.** Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
- 7.** Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
- 8.** While local weakness of the injected muscles is representative of the expected pharmacological action of Botox/DySport, weakness of adjacent muscles may occur as a result of the spread of the toxin.
- 9. Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.
- 10.** Another risk when injecting Botox/DySport around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.
- 11.** I will follow all aftercare instructions as it is crucial I do so for healing.

As Botox/DySport is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botox/DySport than others. In most cases this uneven appearance can be corrected by injecting Botox/DySport in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months. This list is not meant to be inclusive of all possible risks associated with Botox/DySport as there are both known and unknown side effects associated with any medication or procedure. Botox/DySport should not be administered to a pregnant or nursing woman.

Additionally, the number of units injected is an **estimate** of the amount of Botox/DySport required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botox/DySport treatments with the above understood. I hereby release the doctor, the person injecting the Botox/DySport and the facility from liability associated with this procedure.

Patient Signature: _____

Date: _____

Print Name: _____



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Confidential Patient Information

Name: _____ Date of Birth: _____ Age: _____ Sex: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Homephone: _____ Cellphone: _____ Email Address: _____

Please check if you are affected by or have any of the following:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fever Blister | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Cardiac Problems D | <input type="checkbox"/> Headaches-chronic | <input type="checkbox"/> Immune Disorders | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Lupus | <input type="checkbox"/> Skin Diseases-other |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Herpes | <input type="checkbox"/> Metal bone | <input type="checkbox"/> Urinary or Kidney Problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Pins or plates | |

Are you... Pregnant? Trying to get Pregnant? Breastfeeding? Lactating?

Please choose the best match for yourself

What is your hereditary background? _____

Natural Eye Color: _____ Natural Hair Color: _____ Skin tone: _____

Do you consider your skin (Check all that apply):

- | | | | | |
|---|---------------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Milia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Patchy Dryness | <input type="checkbox"/> Breakouts |
| <input type="checkbox"/> Dry | <input type="checkbox"/> Cysts | <input type="checkbox"/> Freckled | <input type="checkbox"/> Sallow | |
| <input type="checkbox"/> Dark Circles | <input type="checkbox"/> Acne-Scarred | <input type="checkbox"/> Melasma | <input type="checkbox"/> Psoriasis | |
| <input type="checkbox"/> Oily | <input type="checkbox"/> Large Pores | <input type="checkbox"/> Hyperpigmentation | <input type="checkbox"/> Dehydrated/lacking Moisture | |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Small Pores | <input type="checkbox"/> Hypopigmentation | <input type="checkbox"/> Telangiectasia/broken Surface | |
| <input type="checkbox"/> Comedones/blackheads | <input type="checkbox"/> Rosacea | <input type="checkbox"/> Uneven/blotchy | <input type="checkbox"/> Capillaries | |

Do you consider your skin: Sensitive Resilient Unsure

Do you have any allergies to medications? (Please list all allergies on back of page.)

- | | |
|---|--|
| Do you have allergies to cosmetics, foods, or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you had skin cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have allergies to aspirin? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever or are you now using Accutane? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use or receive depilatories or waxing? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you sensitive to alcohol based products? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had collagen, Botox or other dermal filler injections? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you use sunscreen daily? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you presently under a physician's care for any skin condition? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you taking birth control or hormone replacements? <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please explain: _____

Do you have sensitive to any of the following? Yes No
 Milk Apples Citrus Grapes Aloe vera Aspirin Perfumes Latex Hydroquinone Mushrooms

Do you experience cold sores/fever blisters? Yes No Do you use tanning beds? Yes No
 Have you recently had facial surgery? Yes No

If yes, what type of surgery? _____

Have you recently had laser resurfacing? Yes No

If yes, what type of treatments and when? _____

- | | |
|---|---|
| Do you smoke, use tobacco or live with a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you often experience stress? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have permanent make-up? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had professional skin care in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you participate in vigorous exercise or sports? <input type="checkbox"/> Yes <input type="checkbox"/> No |

What skin care products do you currently use? _____

How many ounces of water do you drink daily? _____

Signature _____

Date _____



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Client Treatment Consent and Release

I acknowledge that beauty treatments, the practice of skin care, and the practice of massage, including, but not limited to, microablation, microdermabrasion, waxing, electrolysis, facial toning, permanent cosmetics, body treatments, ionization, laser treatments, tattoo removal, vein treatments, brown spot removal, BOTOX, Collagen, Dermal Fillers, Sclerotherapy, Mesotherapy, Dermaplaning, and various other beauty procedures is not an exact science and no specific guaranties can or have been made concerning the outcome. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, and change in skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insured's, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

I have fully disclosed on my client intake form any medications, previous complications, or current conditions that may affect my treatment. I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

Date: _____

Client Signature: _____

Printed Name: _____

Model Release

In consideration for treatment received, I hereby grant permission to the individual or company that provided my treatment to use any photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation to me.

Date: _____

Client Signature: _____

Printed Name: _____



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HIPAA Consent

I give Westchase Medspa my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care options like quality reviews. I give Westchase Medspa my consent to use or disclose my protected health information in order to obtain payment for services and/or product.

I have been informed that I may review Westchase Medspa's Notice Of Privacy Practices (for a more complete description on uses and disclosures) before signing this consent.

I understand that Westchase Medspa has the right to change their privacy practices and that I may obtain any revised notices at the clinic.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that Westchase Medspa is not required to agree to the request. If Westchase Medspa agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Patient, parent or legal guardian: _____

Signature: _____ Date: _____

If signed by patient representative, state relationship to patient: _____



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BOTOX® Cosmetic (onabotulinumtoxinA) treatment record

Patient Name: _____

Chart/Identification Number: _____

Treatment Date

Aesthetic Provider

Lot Number

Expiration Date



BOTOX® Cosmetic (onabotulinumtoxinA) Important Information

Indications

Glabellar Lines

BOTOX® Cosmetic (onabotulinumtoxinA) for injection is indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adult patients.

Lateral Canthal Lines

BOTOX® Cosmetic is indicated for the temporary improvement in the appearance of moderate to severe lateral canthal lines associated with orbicularis oculi activity in adult patients.

Treatment Date

Aesthetic Provider

Lot Number

Expiration Date



IMPORTANT SAFETY INFORMATION, INCLUDING BOX

WARNING: DISTANT SPREAD OF TOXIN EFFECT

Postmarketing reports indicate that the effects of BOTOX® Cosmetic and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have an underlying condition that would predispose them to these symptoms. In unapproved uses, including spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat cervical dystonia and at lower doses.

Treatment Date

Aesthetic Provider

Lot Number

Expiration Date



Please see additional Important Safety Information on reverse side.





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BOTOX® Cosmetic (onabotulinumtoxinA)

IMPORTANT SAFETY INFORMATION (continued)

CONTRAINDICATIONS

BOTOX® Cosmetic is contraindicated in the presence of infection at the proposed injection site(s) and in individuals with known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation.

WARNINGS AND PRECAUTIONS

Lack of Interchangeability between Botulinum Toxin Products The potency Units of BOTOX® Cosmetic are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products and, therefore, units of biological activity of BOTOX® Cosmetic cannot be compared to nor converted into units of any other botulinum toxin products assessed with any other specific assay method.

Spread of Toxin Effect

Please refer to Boxed Warning for Distant Spread of Toxin Effect.

No definitive serious adverse event reports of distant spread of toxin effect associated with dermatologic use of BOTOX® Cosmetic at the labeled dose of 20 Units (for glabellar lines), 24 Units (for lateral canthal lines), 44 Units (for simultaneous treatment of lateral canthal lines and glabellar lines) have been reported.

Injections In or Near Vulnerable Anatomic Structures

Care should be taken when injecting in or near vulnerable anatomic structures. Serious adverse events including fatal outcomes have been reported in patients who had received BOTOX® injected directly into salivary glands, the oro-lingual-pharyngeal region, esophagus and stomach. Safety and effectiveness have not been established for indications pertaining to these injection sites. Some patients had pre-existing dysphagia or significant debility. Pneumothorax associated with injection procedure has been reported following the administration of BOTOX® near the thorax. Caution is warranted when injecting in proximity to the lung, particularly the apices.

Hypersensitivity Reactions

Serious and/or immediate hypersensitivity reactions have been reported. These reactions include anaphylaxis, serum sickness, urticaria, soft-tissue edema, and dyspnea. If such reactions occur, further injection of BOTOX® Cosmetic should be discontinued and appropriate medical therapy immediately instituted. One fatal case of anaphylaxis has been reported in which lidocaine was used as the diluent and, consequently, the causal agent cannot be reliably determined.

Cardiovascular System

There have been reports following administration of BOTOX® of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, some with fatal outcomes. Some of these patients had risk factors including pre-existing cardiovascular disease. Use caution when administering to patients with pre-existing cardiovascular disease.

Pre-existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junctional disorders (eg, myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of BOTOX® Cosmetic (onabotulinumtoxinA).

Pre-existing Conditions at the Injection Site

Caution should be used when BOTOX® Cosmetic treatment is used in the presence of inflammation at the proposed injection site(s) or when excessive weakness or atrophy is present in the target muscle(s).

Human Albumin and Transmission of Viral Diseases

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been identified for albumin.

ADVERSE REACTIONS

The most frequently reported adverse event following injection of BOTOX® Cosmetic for glabellar lines was eyelid ptosis (3%). The most frequently reported adverse event following injection of BOTOX® Cosmetic for lateral canthal lines was eyelid edema (1%).

DRUG INTERACTIONS

Co-administration of BOTOX® Cosmetic and aminoglycosides or other agents interfering with neuromuscular transmission (eg, curare-like compounds) should only be performed with caution as the effect of the toxin may be potentiated. Use of anticholinergic drugs after administration of BOTOX® Cosmetic may potentiate systemic anticholinergic effects.

The effect of administering different botulinum neurotoxin products at the same time or within several months of each other is unknown. Excessive neuromuscular weakness may be exacerbated by administration of another botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin.

Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of BOTOX® Cosmetic.

USE IN SPECIFIC POPULATIONS

BOTOX® Cosmetic is not recommended for use in children or pregnant women. It is not known whether BOTOX® Cosmetic is excreted in human milk. Caution should be exercised when BOTOX® Cosmetic is administered to a nursing woman.

Please see accompanying full Prescribing Information including Boxed Warning and Medication Guide.



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www.botoxcosmetic.com 1-800-BOTOXMD
Re-order: APC46YV13 132450





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Botox / DySport - Post Treatment Instructions

1. **Do NOT massage or apply pressure on the treated area for 6-8hrs after treatment** since Botox/DySport may migrate to areas of undesirable effectiveness.
2. **Do NOT lie down for 5-6 hours after treatment. Also Do NOT lean forward and cook over a hot stove.**
3. **You MUST keep your head UPRIGHT for at least 5-6 hrs after injection.**
4. **Avoid yoga or other rigorous exercise activities, extensive sun or heat exposure, and alcoholic beverages for the 1st 24 hours after treatment.** This may cause temporary redness, swelling, and/or itching at the sites of the injection.
5. **Avoid facials and saunas for 24 hours after treatment** since this will increase the chance of your blood pressure rising and thus increase the chance of minor and temporary bruising.
6. **Try to exercise your treated muscles for about 2 hours after treatment** (e.g. practice frowning, raising your eyebrows or squinting). This helps to work Botox Cosmetic®/DySport into your muscles. It will NOT negatively impact your treatment if you don't do this.
7. Headaches are common. Botox/DySport is even used to treat headaches. However, if you have a headache we recommend you avoid aspirin or aspirin containing products. You may opt instead to use Motrin, Tylenol, and/or cool compresses. If headaches continue or worsen, contact your physician.
8. **Avoid taking Advil, Vitamin E, Ginger, Ginko, Bilboa, Ginseng, and Garlic for 1 week** since this may increase the risk of bruising. You may shower and do most other regular daily activities.
9. **Note that any bumps or marks will go away within a few hours.** If you do develop a bruise it will resolve like other bruises you have had in about a week. There is occasionally some mild pain, swelling, itching, or redness at the site of injection similar to most other injections. Redness may last for 1-2 days, rarely longer. You may apply cold compresses or acetaminophen (Tylenol) to reduce swelling or discomfort.
10. **Results of your treatment may take up to 14 days to take full effect** although many people will recognize the benefits in 3-5 days after treatment.
11. Botox Cosmetic®/DySport is a temporary procedure. In most people the benefits of Botox/DySport last about 6 months. Sometimes a few wrinkles may start to return in 2-3 months. The effectiveness of Botox/DySport will last longer with successive treatments.
12. Initially, the provider may want to see the patient between 2-4 weeks for a brief "touch-up" and checkup of the procedure. If you allow Botox Cosmetic®/DySport to completely wear off, it is difficult for the doctor to be able to see how your individual muscles reacted and therefore optimal results for your face can be more difficult to achieve.
13. **Makeup:** It is recommended that you wait 12 hours after the treatment before applying make-up.
14. **Cold compresses may be used 10 minutes on 10 minutes off** to reduce swelling 2-3x per day during the 1st 1-2 days if needed.

In case of emergency, call 911. For questions call during office hours 813-749-7143

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