



Account Number: _____

3198 Pacific Avenue Suite 104
Virginia Beach, Virginia 23451
Phone: 757-428-1911 | Fax 757-470-5977

BOTOX CONSENT

I have received a consultation with a provider, and I consent to having Botulinum-A toxin (Botox) treatments knowing the risks and benefits involved.

I understand that I may be required to have photographs taken before treatment for my medical records.

Botox is injected with a small needle into the muscle, with the aim of inhibiting the underlying muscle contraction, therefore improving facial lines and appearance.

I have been informed about treatment, procedure, indications, expected results, and possible side effects. I understand that I may experience swelling, redness, tenderness, slight headache, pain and/or bruising that may occur for several days after my treatment, however, these symptoms will resolve. Rarely an adjacent muscle may be weakened for several weeks after injection. I have been advised of the risk involved and the expected benefits of Botox treatment.

Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that whilst every precaution will be taken to prevent complications and that while complications from this procedure are rare, they can and sometimes do occur.

I accept responsibility for any complications that may occur and thereby absolve The Doctor's In and any associated person of blame resulting there from.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have sufficient opportunity for discussion to have any questions answered.

I understand that the terms of payment require full settlement on or before the day of my treatment.

Patient Name (please print): _____

Date: _____

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____



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BOTOX POST-TREATMENT CARE INSTRUCTIONS

- Do NOT lie down flat or bend forward, touch, or rub the treated areas for at least 4 hours.
- Avoid aspirin, ibuprofen, ginkgo balboa, garlic, flax oil, cod liver oil, vitamin A, vitamin E, or any other essential fatty acids at least 3 days after treatment to minimize bruising or bleeding.
- Avoid alcohol, caffeine, Niacin supplements, high-sodium foods, high-sugar foods, refined carbohydrates, spicy foods, or cigarettes 24-28 hours after your treatment (may affect bruising and swelling).
- Avoid the use of Retin-A or similar products for 2-3 days after treatment to avoid increased irritation or redness.
- Try to avoid wearing makeup until the day after treatment. If you must wear makeup the day of, we suggest a good quality mineral makeup for the face.
- Please report to your provider if any increased pain, swelling, redness, blisters, or itching immediately, should it occur following your treatment.
- The treatment may take 2-10 days to take full effect. It is recommended that the touchup, if needed, be done no later than 2 weeks after the initial treatment.
- Avoid vigorous exercise, sun, and heat exposure for 3 days after treatment.
- Avoid wearing hats, headbands, or anything tight across the treatment area following the procedure.