



## Neuromodulators (Botulinum Toxin Type A) Pre and Post Treatment Instructions

### Pre-Treatment Recommendations

- The effects of botulinum toxin type A may increase with certain antibiotic or other drugs. Please report all medications to our office prior to taking them. Equally as important, disclose to your medical provider if you have had a botulinum toxin type A treatment and become ill or require medical attention in the past.
- Inform us of any facial cosmetic procedures you have had in the past year.
- Inform us of any changes in your medical history since your last visit.

### Post-Treatment Recommendations

- Do not apply pressure to the treatment area for four hours post treatment.
- Do not lie down for four hours post treatment.
- Do not work out for four hours after botulinum toxin type-A treatment.
- Please call our office if any of the following occur.

**\*\*skin rash, sudden fever, increased pain, increased swelling, or bleeding at any of the injection sites. Our office phone number is (817) 373-5513.**

### Post-treatment Expectations

- You may experience irritation or bruising of the injection area. You may experience drooping of the skin at the site of injection. These effects are usually temporary in nature.
- Full effect of the neuromodulator botulinum toxin type A may take anywhere from two days to two weeks.
- Please make an appointment to return to the office two to three weeks after your treatment.

**If you have any questions you can email [hello@MAI.sprucecare.com](mailto:hello@MAI.sprucecare.com)  
or call at (817) 373-5513.**

## Neuromodulator Consent (Botox/ Dysport)

I understand that facial lines and wrinkles are caused by factors attributed to aging ( fat loss, bone loss, skin thinning), sun damage, gravity, muscle activity and genetics. Injection of a very small amount of Botulinum toxin Type-A, a purified toxin will cause weakness of that muscle. This results in the relaxation of the muscle and improvement in lines. This response is seen from at 2-7 days but can take up to 2 weeks for full effect. Typically the muscle action will return in 3-5 months. Neuromodulators are most effective in dynamic lines. Lines at rest may or may not improve. Potential side effects: pain during injection, respiratory infection, flu-like symptoms, asymmetry, twitching, product disbursement, difficulty swallowing, speaking breathing, spread of toxin effects allergic reaction, numbness, local infection at the injection area, dry mouth , swelling and or bruising, tearing, adjacent muscle weakness such as difficulty opening eyelids, dropping of facial muscles for several weeks to months after injection rarely sensitivity to light or inflammation of the cornea. Transient headaches have been reported. In a small number of individuals, antibodies have developed to my future neuromodulators ineffective. I am not pregnant and not currently breastfeeding. I do not have any neurological diseases ( myasthenia gravis, Lambert Eaton syndrome) or have allergies to toxin ingredients or human albumin. Because not all facial wrinkles, creases, and folds are caused by muscle activity alternatives such as chemical/ laser peels, surgical procedures, and topical treatments such as retinoids and alpha hydroxy acids. I authorize the taking of clinical photos for medical records and clinic use. Botox and Dysport have been approved by the FDA to treat specified facial lines. "off-label" use refers to the treating of lines not approved by the FDA such as forehead, bunny lines, neck band, masseters, etc. Known significant risks have been disclosed in this form, yet the theoretical risk of unknown complications also exist. I agree to on and off label use of the product for my treatment. I voluntarily request treatment for my condition, which has been explained to me as facial lines and wrinkles resulting form muscle activity. I wish for the following areas to be treated. I agree to follow up with my provider in 2-3 weeks following my treatment. Additional units maybe added and invoiced to the patients. The manufacturers recommend treatment occur 4 times a year to maintain optimal results. My Medical Aesthetics provider has fully explained, in terms clear to me, the nature of the procedure to be performed, the common risks, and complications, alternative methods of treatment, as well as what I may experience if recovery is uneventful. I, hereby grant Annie Nguyen non-revocable permission to capture my image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively Images). I acknowledge that Annie Nguyen will own such Images and further grant permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to business, including without limitation, publications, advertisements, brochures, website images, or other electronic displays and transmissions thereof. nImages will be used without any identifying information such as name and blurring identifying features such as eyes can be requested. I further waive any right to inspect or approve the use of the Image prior to its use. I forever release and hold Annie Nguyen harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity. Lastly, I acknowledge that I have been given an opportunity to ask questions that I desire regarding the diagnosis and procedure, and that all of my questions have been fully answered to my satisfaction. I have read this document and understand the content. I, hereby, give my unrestricted informed consent for the procedure and subsequent treatments. I have been advised that the object of the procedure I have requested is to improve my appearance, not make it perfect. It is possible for imperfections to ensue, and that the results may not live up to my expectations or goals. I fully understand that the practice of medicine and surgery is not an exact science and that any reputable aesthetic provider cannot guarantee results. I have been advised that the object of the procedure I have requested is to improve my appearance, not make it perfect. It is possible for imperfections to ensue, and that the results may not live up to my expectations or goals. I fully understand that the practice of medicine and surgery is not an exact science and that any reputable aesthetic provider cannot guarantee results. I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collections, and/or court costs and reasonable legal fees, should they be required. My Medical Aesthetics provider has fully explained, in terms clear to me, the nature of the procedure to be performed, the common risks, and complications, alternative methods of treatment, as well as what I may experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask questions that I desire regarding the diagnosis and procedure and that all of my questions have been fully answered to my satisfaction. I have read this document and understand the content. I, hereby, give my unrestricted informed consent for the procedure and subsequent treatments.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_