



Miskell Medical LLC.
218 W Madison St. Ottawa, Illinois 61350
Phone: 815-431-1122 Website: www.miskellmedical.com

BOTOX/DYSPORET CONSENT

Patient Name: _____ DOB: _____ Date: _____

BOTOX Cosmetic and DYSPORET are 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.

BOTOX Cosmetic (onabotulinumtoxin A) or DYSPORET (abobotulinumtoxin A) for injection, is a sterile, vacuum-dried purified toxin type A, produced from fermentation of Hall strain *Colstrudium botulinum* type A or DYSPORET grown in a medium containing casein hydrolysate, glucose, and yeast extracted, intended for intramuscular use. BOTOX Cosmetic blocks neuromuscular transmission by binding to receptor sites or motor nerve terminals, entering the nerve terminals, and inhibiting the release of acetylcholine from vesicles situated within nerve endings. When injected intramuscularly at therapeutic doses, BOTOX Cosmetic and DYSPORET produce partial chemical denervation of the muscle resulting in a localized reduction in muscle activity.

Administration of BOTOX or DYSPORET is not recommended during pregnancy. There are no adequate and well-controlled studies of BOTOX Cosmetic in pregnant women. It is not known whether this drug is excreted in breast milk, caution should be exercised when BOTOX Cosmetic or DYSPORET are administered to a nursing woman.

The effects of DYSPORET and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. 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, particularly in those patients who have underlying conditions that would predispose them to these symptoms.

BOTOX and DYSPORET are contraindicated in patients with known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation. These products may contain trace amounts of cow's milk protein. Patients known to be allergic to cow's milk protein should not be treated with BOTOX or DYSPORET. BOTOX or DYSPORET is contraindicated for use in patients with infection at the proposed injection site(s).

I authorize and direct Jessica Miskell APN the following procedure of Botox Cosmetic and/or Dysport injection for treatment of (areas to be treated initial below)

- _____ Glabella area (between the eyebrows)
- _____ Forehead
- _____ Crow's Feet (Area around eyes)
- _____ Bunny lines
- _____ Neck bands
- _____ Chin
- _____ Brow lift
- _____ Other

Please initial the following

- _____ The details of the procedure have been explained to me in terms I understand.
- _____ Alternative methods and their benefits and disadvantages have been explained to me.
- _____ I understand that the FDA has only approved the cosmetic use of Botox and Dysport for frown lines between the brows. Any other cosmetic use is considered off label.
- _____ I understand and accept the most likely risks and complication of Botox Cosmetic and Dysport injections.
Including but not limited to:
 - ⓐ Paralysis of a nearby muscle that could interfere with opening of eye(s)
 - ⓐ Local numbness
 - ⓐ Headache, nausea, or flu-like symptoms
 - ⓐ Swallowing, speech, or redness at the injection site
 - ⓐ Disorientation and double vision
 - ⓐ Temporary asymmetrical appearance



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- Ⓢ Abnormal or lack of facial expression
- Ⓢ Inability to smile when injected in the lower face
- Ⓢ Facial pain
- Ⓢ Product ineffectiveness

_____ I understand and accept that the long-term effect of repeated use of Botox Cosmetic and Dysport injection are unknown. Possible risks and complications that have been identified, but not limited to:

- Ⓢ Muscle Atrophy
- Ⓢ Nerve irritability
- Ⓢ Production of antibodies with unknown effects to general health

_____ I understand and accept the less common complications, including the remote risk of death or serious disability that exists with the procedure.

_____ I am aware that smoking during the pre and post injection periods could increase chances of complication.

_____ I have informed the doctor or nurse of all my known allergies, including any allergies to latex.

_____ I have informed the doctor or nurse of all medication I am currently taking including prescriptions. OTC remedies, herbal therapies and any other.

_____ I have been advised whether I should take any or all of the medications on the days surrounding the procedure.

_____ I am aware and accept that no guarantees regarding the result of this procedure have been made or implied.

_____ I understand that I will receive my treatment in a medical office by a certified medical professional.

_____ I understand that the medical professional will recommend the amount of product that she believes is appropriate for the results that I desire. If I choose not to accept that recommendation. I understand that I may not achieve the desired results and any further treatments to achieve the desired result will require full payment.

_____ Prices are subject to change. The pricing I receive during this treatment is only for today's treatment. Any additional treatments, products or services will be billed at rates in effect at time of the additional treatments.

_____ I have been informed of what to expect post-treatment, and given printed post-treatment instruction including but not limited to procedures I can do if I wish to maintain the appearance that this procedure provides me.

_____ I am not currently pregnant or nursing, and I understand that should I become while using Botox Cosmetic and/or Dysport there are risks, including fetal malfunction.

_____ If pre and post-treatment photos and/or video are taken of the treatment for record purposes. I understand that these photos will be the property of the attending provider or nurse.

_____ The provider and/or nurse answered all my questions regarding this procedure.

_____ I have been advised to seek immediate medical attention if swallowing, speech, or respiratory disorders arise.

_____ I certify that I have read and understand this agreement and that all spaces for initials were filled in PRIOR to my signature.

Print Name: _____

Patient Signature: _____ Date: _____

JM I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives of the proposed procedure to the patient. I have answered fully, and I believe that the patient fully understands what I have explained.

Provider Name: Jessica Miskell, APN

Provider Signature: _____ Date: _____