

Patient Registration

Patient Information					
First Name	MI	Last Name	Gender	Last 4 digits of SS#	Date of Birth
Address		City		State	Zip
Home Phone	Cell Phone	Work Phone	E-mail Address		
Preferred Method of Contact:		Preferred Pharmacy:			
Emergency Contact #1 Full Name and Number:				Relationship to Patient:	
Emergency Contact #2 Full Name and Number:				Relationship to Patient:	
Allergies and Reactions:					
Current Medications					
<u>Name/Strength/Instructions:</u>					
Social History					
Occupation		Marital Status		Sexually Active YES NO	
Tobacco Use: If yes, how long?		Alcohol: If yes, drinks per day/week.		Caffiene: If yes, drinks per day.	
Recreational Drugs: If yes, describe.		Special Diet: If yes, describe.		Regular Exercise: If yes, describe.	
Health Maintenance					
Bone Density	Y	N	Date:	Physical Exam	Y N Date:
Colonoscopy	Y	N	Date:	Mammogram	Y N Date:
Eye Exam	Y	N	Date:	Pap Smear	Y N Date:
Family Medical History					
Father/Paternal Grandparents:					
Mother/Maternal Grandparents:					
Siblings:					
Children:					
Immunization History					
Tetanus in the last 10 years	Yes	No	Shingles vaccine	Yes	No
Pneumonia vaccine	Yes	No	Hepatitis B series	Yes	No
Flu shot in last 1 year	Yes	No			



Informed Consent for Neuromodulators, Fillers and PDO Threads

Please ensure that you have had all your questions answered before signing. This form is valid for up to 6 treatments including Neuromodulators, fillers, and PDO Threads.

NEUROMODULATOR CONSENT I am aware that a neuromodulator (Botox, Dysport, Xeomin) is injected into a muscle that causes a temporary reduction in the strength of muscle contraction. This effect may start to occur in 3-4 days after injection at full results within 14 days. The duration of the effect on average is 3 months but can be shorter or longer. I understand that the goal of treatment is to soften the muscle contraction and not to eliminate the movement completely. A successful treatment has an 80-90% reduction in movement so that I can still have facial expression. Neuromodulators do not affect well established and deep wrinkles. After injection, I agree to stay in an upright position for 3 hours to prevent migration of the product to another muscle. I will contract the muscles that were injected every few minutes for one hour to ensure the neuromodulator is absorbed into the muscle injected. I agree not to massage or manipulate the area for three hours after injection. I understand that re-treatment of the area with a neuromodulator will happen only after the effect has completely worn off. Re-injection of a muscle that is weakened from a neuromodulator can result in an increase of risk of unwanted side effects such as migration and eyelid droop. I am aware that at any time I can develop a tolerance to a neuromodulator which can appear as a reduction in effect or reduction in length of time the muscle is weakened. I understand that it is in my best interest to avoid blood thinners such as alcohol, aspirin products, NSAIDS, high dose garlic, ginseng, ginkgo, or other herbal supplements up to three days before treatment. I understand that I am to avoid strenuous physical exercise, hot tub, saunas, facials, alcohol and or aspirin/NSAIDS for 24 hours after treatment.

Risks and Complications I understand that a neuromodulator can cause temporary eye droop in up to 2% of all injections and that this is a risk each time I receive an injection. This effect can last up to 4 months. Possible side effects include transient headaches, bruising, redness, swelling at the site of injection, transient numbness. Bruising can last up to 7 days and be substantial in size or color depending on the area injected. In the event of a headache, acetaminophen is recommended. When the lower face is injected with a neuromodulator, there is a risk of change in lip pursing, ability to enunciate words, sip from a straw or cup or mouth droop. This effect is temporary. I am aware and understand that my results are not guaranteed and may or may not fall within the expected outcomes.

FILLER CONSENT Hyaluronic acid fillers are injectable gels that are used to restore volume to skin, correct facial lines, wrinkles and folds, as well as to alter facial contours. Fillers are temporary and can last anywhere from 6 to 18 months depending on the type of filler used, the location injected, and the number of syringes used. In the first few days after injection the filler is movable. I understand that I am not to manipulate the area injected and I should sleep on my back. I understand that it is in my best interest to avoid blood thinners such as alcohol, aspirin products, NSAIDS, high dose garlic, ginseng, ginkgo, or other herbal supplements up to three days before treatment. I understand that I am to avoid strenuous physical exercise, hot tub, saunas, facials, alcohol, and/or aspirin/NSAIDS for 24 hours after treatment.

Risks and Complications The use of and indications for filler injection has been explained to me and I have had the opportunity to have my questions answered. I understand that after injections it is common to experience pain at the site of injection, redness, swelling, bruising, itching, infection and/or discoloration. Bruising/swelling can be quite substantial and last 7 days or longer. These reactions typically resolve spontaneously. Other types of rare reactions include a hypersensitivity or allergic reaction to the gel and keloid scarring. An extremely rare adverse event is arterial or vein embolism. This occurs when the gel is injected into a blood vessel and can result in severe skin breakdown or blindness. Filler can move from the site of injection when under pressure and this can result in facial asymmetry. With lip injections there is a possibility of provoking a cold sore (Herpes) infection. I am aware and understand that my results are not guaranteed and may or may not fall within the expected outcomes.

PDO THREAD CONSENT PDO (Polydioxanone) Thread Lift and Smoothing procedure uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. The procedure can result in increased firmness and elasticity of the skin in the treated area. The PDO Lift procedure is effective in most cases, however there is no guarantee a specific patient will benefit from the procedure. The nature of cosmetic procedure may require a patient to return for numerous visits in order to achieve the desired results or to determine whether the treatment may not be

completely effective at treating the particular condition. Alternative Treatments: Alternative forms form of non-surgical and surgical treatment consist of surgical facelift, laser, full-face C02 laser, dermal fillers, local muscle relaxer (Botox, Dysport,Xeomin), chemical peels or inaction. Every procedure involves a certain amount of risk. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, you should discuss your concerns and potential risks with your practitioner in order to make an informed decision.

Risk and Complications Discomfort: Some discomfort may be experienced during treatment. Scarring: May cause scarring; sutures are inserted using a small needle, which must heal. A scar at entry point may occur. Bruising, Swelling, Infection: With any minimally invasive procedure, bruising of the treated area may occur along with the potential for swelling. Infection is rare, but with any injection or incision into the skin, the possibility exists. Bleeding: You may experience some bleeding during the procedure. Hematoma or a small blood clot may occur and may require treatment by drainage. There is a higher risk of bleeding if you have taken any anti-inflammatory medications (Advil, Motrin, Aspirin, Ibuprofen) within the 10 days preceding the procedure. Damage to Deeper Structures: Deeper structures such as nerves, blood vessels and muscles may be damaged during the procedure. The potential for this to occur varies according to the location on the body the procedure is being performed. Injury to deeper structures may be temporary or permanent. Allergic Reaction: Allergies to tape, suture material or topical preparations have been reported. allergic reactions may require additional treatment. Anesthesia: Local topical anesthesia may be used and can involve risk of allergic reaction. There is a possibility of the treatment area becoming lighter or darker than the surrounding skin. This is usually temporary, but on rare occasions, may be permanent. Appropriate sun protection is important. Partial Laxity Correction: PDO Lift may not correct all your facial laxity or sagging. Delay Healing: Complications may ensure as a result of smoking, using a straw, or similar motions. Smoking and similar actions are STRONGLY discouraged. Slight asymmetry, redness, visible sutures, suture breakthrough may require additional treatment or the removal of the sutures. Contraindications: Any known allergy or foreign body sensitivities to synthetic biomaterials

PHOTOGRAPHS I authorize the taking of clinical photographs and their use for my personal treatment. I understand my identity will be protected.

PREGNANCY AND NEUROLOGICAL DISEASE I am NOT pregnant, nor do I have any significant neurological disease (including muscular sclerosis).

By signing this form, I acknowledge that I have been informed about _____ procedure and the treatments and give consent to this.

- 1) I have met the doctor overseeing my treatment and have discussed all treatment options available to me
- 2) The doctor has fully informed me and I understand that the results of Neuromodulators, fillers and PDO threads are individual and vary depending on the area treated, skin type. Therefore, no guarantee can be made as to the results of my treatment
- 3) I agree that this contributes full disclosure, and that it supersedes any previous verbal disclosures
- 4) I understand that this treatment is strictly for cosmetic purposes and will not be covered by insurance
- 5) I understand that I am responsible for all costs payable at the time of service and I pay for treatment not the outcome.

By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above were made to me and I also acknowledge that no written or implied verbal guarantee, warranty, or assurance has been made to me regarding outcome of procedure

Print Name: _____ Date: _____

Signature: _____

Witness Signature: _____ Date: _____