

PHYSICIAN SKIN CENTER – JON M. OWINGS, MD, FACS

NAME _____ **AGE** _____ **DATE** _____

Address _____

City, State, Zip _____

Phone, home _____ **cell** _____

E-mail _____

PAST HISTORY

Previous Botox and/or fillers _____

Medications, including aspirin, NSAIDs, any “blood thinners” _____

Tobacco _____ **Neuromuscular Disease** _____ **Allergies** _____

Eye problems/glaucoma/diabetes _____

Do you get fever blisters? _____ **Take Valtrex or other antiviral?** _____

JON M. OWINGS, MD, FACS

CONSENT FOR JUVEDERM AND RADIESSE

I understand that the above fillers are composed of stabilized hyaluronic acid, a substance occurring naturally in the human body (Juvederm) or calcium hydroxylapatite, a substance chemically similar to human bone (Radiesse) and both are produced from non-animal sources. The substance is injected under the skin with a small needle to produce filling and softening of wrinkles and folds associated with aging changes, scarring and other conditions I desire to improve or correct.

A topical anesthetic such as lidocaine ointment will be placed on the skin to be injected to numb the skin surface. Both fillers contain lidocaine and produce instant anesthesia where they are injected so cause little or no pain or discomfort.

The duration of effect of these substances is variable and usually lasts about a year or longer, although may be less in some cases. When BOTOX is given in the same areas, the effects of both are prolonged, though in most cases BOTOX is not used in the lower face or lips.

Initially swelling (especially the lips), bruising and mild pain and discomfort may occur; this usually resolves in a few days although swelling of the lips can last up to a week or more. Only Juvederm is used in the lips. It takes about two weeks to see the final result, and at that time a “tune-up” can be done if any asymmetry or unevenness occurs. Some lumpiness may occur but will resolve over time.

After treatment avoid excessive heat, sun exposure, laser or IPL and don’t rub the treated areas for at least 24 hours. Ice applied to the treated areas for the first 24 hours will lessen swelling and the tendency to bruise.

I understand this is an elective and voluntary cosmetic procedure and that payment is due at the time of service.

I have read the above and understand it; my questions have been answered satisfactorily by Dr. Owings. I accept the risks and possible complications of the procedures.

Signature

Date

Name printed

Witness

JON M. OWINGS, MD, FACS

CONSENT FOR BOTOX COSMETIC

I aware that when a small amount of purified botulinum toxin (BOTOX) is injected into a muscle it causes weakness or paralysis. This appears in 3-4 days and usually last about 4 months but can last longer or shorter. For example, injecting BOTOX into the muscles between the eyebrows can result in improvement or disappearance of frown lines.

RESULTS AND POSTOPERATIVE CARE

I understand I may not be able to move the treated muscle(s) while the injection is effective but that this will reverse itself after a period of months, at which time retreatment may be done. I understand I should remain in an upright position and not manipulate, rub or press on the injection sites for four hours after the injections take place.

RISKS AND COMPLICATIONS

BOTOX treatment can cause temporary drop of one or both eyelids which can last 2-3 weeks; this occurrence is uncommon, occurring in about 1-2% of patients, and can be corrected if desired until it resolves naturally, with prescription eye drops. Rarely numbness of the forehead can occur, also lasting 2-3 weeks, as well as bruising, swelling, facial pain and headache. In a very small number of individuals BOTOX either does not work or doesn't last as long as expected.

NEUROMUSCULAR DISEASE

I am not aware that I have any neuromuscular disease.

PAYMENT

I understand this a cosmetic procedure and that payment is my responsibility at the time of service.

I have read the above and understand it; my questions have been answered satisfactorily by Dr. Owings. I accept the risks and possible complications of the procedures

Signature

Date

Name Printed

Witness