



Len Valley Cosmetic Clinic Consent form

I understand that I cannot receive Botox/Dysport if I am in the following categories and so I confirm that:

- I am not Pregnant or Breast Feeding
- I am not known to have any Neuromuscular disorders/Myasthenia Gravis/Eaton Lambert Syndrome
- I have no Blood Coagulation Disorders & am not taking anticoagulants.
- I am not currently taking Aminoglycoside antibiotics, Spectinomycin or Muscle relaxants.

Potential Side Effects (temporary): I have been informed of the potential temporary side effects as listed below

- Bruising /Swelling/Redness at injection site
- Nausea/Headache
- Occasional numbness
- Drooping of the Eyebrow or upper Eyelid
- Allergic reactions
- Brief visual disturbances

In order to minimize side effects and produce maximal results I agree that after injection, I will

- Exercise the treated muscle for 1 hour
- Remain upright for 3-4 hours
- Avoid any chemical peels, sun beds or laser treatment for the next 7 days

Consent for Botox Treatment

All foreseeable risks of Botulinum toxin therapy listed above have been thoroughly explained to me. My questions regarding the treatment procedure, its potential side effects and contraindications were answered to my full satisfaction. I also had adequate time to consider my decision, and I'm happy for the doctor to take pictures of my face before and after the procedure.

I understand that I am free to revoke my consent at any time.

I consent to the administration of Botox and have been given after care instructions. This consent form is also signed for future administration of Botox.

I understand that I am being seen by The Len Valley Cosmetic Clinic, and that although the Clinic is using The Len Valley Practice rooms, The Len Valley Practice is not affiliated with the Clinic.

Patient's Name..... Date.....

Signature of Patient.....

Witnessed by (Signature of Doctor).....