

Neuromodulator Injection Cosmetic Consent Form

Patient Name (print): _____ Date: _____

Medical Director (the "Physician"): Dr. John Chois, D.O.

Provider's Name (the "Provider"): Lorriel S. Blaise, FNP-C

Provider's Name (the "Provider"): Magdalena Badoic ARNP-C

You have the right to be informed about your skin condition and treatment so that you can make the decision whether or not to undergo the above-referenced procedure after knowing the risks and benefits involved. This information is not meant to alarm you, but to better inform you so that you may give or withhold your consent for the treatment of your cosmetic condition as well as help you formulate additional questions that you may not have asked during your consultation.

Procedure: Neuromodulator (Botox) is injected with a small needle into the muscle, with the aim of inhibiting the underlying muscle contraction, therefore improving facial lines and appearance.

Possible Risks and Side Effects: Possible risks and effects involved in receiving Neuromodulator injections includes swelling, redness, tenderness, slight headache, pain and / or bruising that may occur for several days after my treatment, however these symptoms will resolve. Rarely an adjacent muscle may be weakened for several weeks after injection.

Acknowledgments

_____ I hereby authorize Gentle Touch Medical Aesthetics & Wellness Spa to inject my desired areas with Neuromodulator.

_____ This procedure has been explained to me in detail. I have been advised of the risks involved and the expected benefits of Neuromodulator injection treatment.

_____ I understand that the practice of medicine is not an exact science and possible complications may arise. I understand that whilst every precaution will be taken to prevent complications and that whilst complications from this procedure are rare, they can and sometimes do occur. Accordingly, I agree to hold harmless and release from any liability the Medical Director and Provider, in their individual and official capacities with Gentle Touch Medical Aesthetics & Wellness Spa, as well as any other officers, medical directors, agents, employees, or successors in interest of Gentle Touch Medical Aesthetics & Wellness Spa for any condition or result, known or unknown that may arise as a consequence of any treatment that I receive.

_____ I understand that while results are expected, this procedure is performed with no guarantee (whether expressed or implied) as to success, specific result, or cure.

_____ I agree that this procedure is being voluntarily performed for cosmetic reasons.

_____ I have read and understand the information contained in this document, have been provided ample opportunity to ask questions, and have been advised of all possible risks and side effects inherent with this procedure.

_____ I understand that this consent form is valid until all or part is revoked by me in writing.

Patient Signature: _____ Date: _____

Provider's Signature: _____ Date: _____