INFORMED CONSENT FOR DYSPORT®

(BOTULINUM TOXIN A INJECTIONS)

Patient Name: <PersonalInfo.FirstName> <PersonalInfo.LastName>

INSTRUCTIONS
This is an informed consent document that has been prepared to help inform you concerning DYSPORT® injections, its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please discuss any questions you may have with your provider. Once you have read and understood this information, and had any questions addressed to your satisfaction, please sign and date this consent.

INTRODUCTION
DYSPORT® injections involve a series of small subcutaneous injections designed to weaken certain muscles that cause skin wrinkling. Weakening of the injected muscles begins to be apparent after 2-3 days with peak effect being reached after 7-14 days. Results can last 3-6 months. The procedure can be repeated after 3 months; however, injections given at less than 3 month intervals may not produce a noticeable effect.

ALTERNATIVE TREATMENTS
Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin include laser ablation, chemical peels, dermal filler, minimally invasive procedures and face lift. Alternative forms of treatment are all associated with certain risks.

RISKS OF DYSPORT® INJECTIONS
Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your provider to make sure you understand the risks, potential complications, and consequences of DYSPORT® injections.

➢ **Bleeding**	It is possible, though unusual, to experience localized bleeding episode during or after the procedure at the site(s) of injection. **Do not take any aspirin or anti-inflammatory medications for ten days prior to your DYSPORT® injection appointment.**
➢ **Bruising**	Following this procedure, it is not uncommon to bruise at the injection site. Bruising is usually resolved in 3-4 days.
➢ **Infection**	Injection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.
➢ **Unsatisfactory Results**	You may be disappointed with the results of the procedure. The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation.
➢ **Allergic Reactions**	In rare cases, local allergies to botulinum toxin A preparations (including DYSPORT®) have been reported. Systemic reactions, which are more serious, may result from any medication or substance used during the procedure. Allergic reactions may require additional treatment.
➢ **Drooping of the Eyelids (Ptosis)**	This is a rare but transient complication occurring in 1-2% of

patients. The incidence can be minimized by positioning post injections. Ptosis usually resolves within several weeks but may take longer.

- **Additional Procedures** — Should complications occur, other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with DYSPORT® injections. Although good results are expected, there cannot be any guarantee or warranty expressed or implied with regard to the results that may be obtained.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing this consent.

I have read the foregoing consent and hereby confirm that I have (1) had each item explained to me, (2) was given an opportunity to ask questions, and (3) had all of my questions answered. I hereby authorize <Appointment.Provider> to perform the procedure of DYSPORT® injections. I hereby release <Appointment.Provider> from liability associated with this procedure.

Patient's Name: <PersonalInfo.FirstName> <PersonalInfo.LastName>

Patient's Signature: _____

Date: <Appointment.Date>

HEALTH CARE PROFESSIONAL'S STATEMENT

I have explained the treatment/procedure stated on this form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results to the patient before the patient consented.

Provider's Signature: _____

Date: <Appointment.Date>