



SOFT TISSUE AUGMENTATION PROCEDURES
INFORMED CONSENT

Today's Date: _____

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Patient History:

Current Medications:

Medication/Food/Environmental ALLERGIES:

Have you had prior treatment with any of the following? (please circle)

Fillers/ Botox/ Xeomen

Do you have any of the following? (please circle)

- Known allergy to dental injections, i.e. Lidocaine? Yes No
- Known allergy to collagen, egg or bovine products? Yes No
- Known immune disease, e.g. Rheumatoid Arthritis, Lupus, etc.....Yes No
- Susceptibility to keloids? Thickening of scar tissue? Yes No
- Do you or anyone in your family suffer from Porphyria? Yes No
- Are you currently on Cortisone? Yes No
- Are you currently taking an antibiotic? Yes No
- Do you suffer from herpes sores around the mouth? Yes No
- Have you ever had any previous cosmetic surgery? Yes No
- Are you pregnant, trying to become pregnant or breastfeeding? Yes No

POSSIBLE SIDE EFFECTS AND PRECAUTIONS

Please take note of the side effects and special precautions listed below. By initialing and signing below, you are stating that the above information is true to the best of your knowledge. Also, by initialing and signing below, you are consenting for Dr. Travis Shaw to perform your Botox or filler injections.

Botox is made from Botulinum Toxin Type A, a protein produced by the bacterium *Clostridium Botulinum*. For the purpose of improving the appearance of wrinkles, small doses of the diluted toxin are injected into the affected muscles, blocking the release of a chemical that would otherwise signal the muscle to contract. The toxin thus paralyzes or weakens the injected muscle. The treatment usually begins to work within 24 to 48 hours (although in some areas it may take up to two weeks) and can last up to four months, although results vary. The Food and Drug Administration (FDA) approved the cosmetic use of Botulinum Toxin Type A for the temporary relief of moderate to severe frown lines between the brow and recommends that the procedure be performed no more frequently than once every three months. It is not known whether Botulinum Toxin A can cause fetal harm when administered to pregnant women or can affect reproductive capabilities. It is also not known if Botulinum Toxin A is excreted in human milk. For these reasons, Botulinum Toxin A should not be used on pregnant or lactating women.

The details of the procedure have been explained to me in terms I understand. Alternative methods and their benefits and disadvantages have been explained to me. I understand that the FDA has only approved the cosmetic use of Botulinum A Toxin for frown lines between the brows or around the eyes. Any other cosmetic use is considered off label.

I understand and accept the most likely risks and complications of Botulinum A Toxin injection(s) include but are not limited to:

- Local bleeding
- Bruising
- Under correction (not enough effect) or over correction (too much effect)
- Facial asymmetry (one side looks different than the other)
- Paralysis of a nearby muscle leading to: droopy eyelid, double vision, inability to close the eye, difficulty whistling, or drinking from a straw
- Generalized weakness, difficulty breathing or swallowing
- Permanent loss of muscle tone with repeated injection
- Flu-like symptoms
- Development of antibodies to Botox
- Infection

Botox contains Human-derived albumin and carries a theoretic risk of virus transmission. There have been no reports of disease transmission through BOTOX®. If you are pregnant, nursing or are allergic to albumin (eggs), you should not receive injections. Patients taking aminoglycoside antibiotics, or with Eaton-Lambert syndrome, Lou Gehrig's disease or myasthenia gravis should not have BOTOX®.

I understand and accept the less common complications, including the remote risk of death or serious disability that exists with this procedure. I am aware that smoking during the pre-and post-operative periods could increase chances of complications.

I have informed the doctor of all my known allergies. I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies, and any others. I have been advised whether I should take any medications on the days surrounding the procedure. I am aware and accept that no guarantees about the results of the procedure have been made or implied.

Initial_____

JUVEDERM ULTRA/ Voluma/ Belotero/ Radiesse

I understand and accept the most likely risks and complications of cosmetic dermal filler injection(s) include but are not limited to:

- Temporary swelling
- Pain after the anesthetic has worn off
- Bruising is not uncommon, cold packs for 24 hours after the injection are helpful. You may use makeup or cover anytime after the injections.
- Damage to the eye and even blindness have been reported with injections near the eye. This is extremely rare. Other rare complications include breakdown of the tissue at the site of injection which may result in a need for wound care or surgery
- Very rare nodules in injection site may occur. If this persists for more than a week, please report it to Dr. Shaw at 804-775-4559.
- Please avoid extreme sun exposure, facial expressions, alcohol consumption for the first 12 hours.
- The anesthetic effects last for up to 12 months but will vary depending on the condition of the skin, area treated, amount of product injected and lifestyle factors such as skin exposure and smoking.

I, the undersigned, understand the alternatives to Botox or fillers include skin care, skin resurfacing, surgery or watchful waiting. I also understand that Dr. Shaw may use these products in a manner known as off-label. Off-label use means that the products are used in a safe manner under the medical discretion of Dr. Shaw but are not the methods, which have received approval by the FDA. If you would like more information on off-label use, please ask Dr. Shaw.

I, the undersigned, understand all that has been explained to me by Dr. Travis Shaw and my questions regarding treatment with BOTOX® and/or JUVEDERM and/ or other products have been satisfactorily answered. I accept the risks and side effects associated with the procedures and do not hold Dr. Shaw responsible for any losses (of any nature) consequent to this procedure being performed on me.

FDA Issues: There are many devices, medications and injectable fillers and Botulinum toxins that are approved for specific use by the FDA, but this proposed use is "Off-Label", that is not specifically approved by the FDA. It is important that you understand this proposed use is not experimental and Dr. Shaw believes it to be safe and effective. Examples of commonly accepted "Off-Label" use of drugs or devices include the use of aspirin for prevention of heart disease, retinoids for skin care, and injection of botulinum toxin for wrinkles around the lips.

_____ I acknowledge that I have been informed about the Off-Label FDA status and I understand it is not experimental and accept its use.

Printed Name: _____

Signature: _____ Date: _____

Dr. Travis Shaw: _____ Date: _____



Botox/Xeomin: _____ Units

Areas Injected:

Lot #: _____ Exp: _____

Paid: \$ _____

Juvederm/ Voluma/ Belotero/ Radiesse:
_____ syringes

Lot #: _____ Exp: _____

Paid: \$ _____