



Colorado Facial Plastic Surgery

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Creating Beautiful Faces

NEUROMODULATOR CONSENT
BOTOX COSMETIC Botulinum Toxin Type A
DYSPORE abobotulinum A
XEOMIN incobotulinumyoxinA

Patient Name _____

Neuromodulators are injectable biosynthetic drugs that when injected cause a neuromuscular blockade at the nerve-muscle junction and thereby produce temporary muscle paralysis.

FDA approval for the use of facial cosmetic neuromodulators has only been granted for the glabella (region between the brows), however, the currently standard of care is such that neuromodulators are extensively used off-label in clinical practice at multiple facial sites.

_____ Patient Initials

The time of onset of beneficial cosmetic effects following injection with neuromodulators ranges from 2 to 5 days. The usual duration of action ranges from 3 to 4 months. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

_____ Patient Initials

In the vast majority of patients undergoing neuromodulator injections, no complications or adverse effects occur. The most common side effects are persistent pain, swelling, redness or bruising at the injection site which can occur in approximately 0 to 20% of patients.

_____ Patient Initials

Allergic responses to the various neuromodulators are very rare. Dysport is manufactured using bovine albumin and therefore should not be used in patients allergic to cow milk products in order to avoid a possible allergic response.

_____ Patient Initials

I agree that this constitutes full disclosure. This consent is valid for one year and supersedes any prior informed consent for neuromodulator treatment. I certify that I have read, and fully understand the above- initialed paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

_____ Patient Initials

I consent to undergo injection with the following neuromodulator(s): Botox _____ Dysport _____ Xeomin _____ at the following facial sites: Forehead _____ Glabella _____ Periorbital _____ Perioral _____ Nose _____ Chin _____ Neck _____ Masseter _____ Other: _____ (Please initial)

Patient's Signature: _____ Date: _____

Clinician's Name _____ Signature: _____ Date: _____

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