# 

Save Face  
Luxira Aesthetics

Botulinum Toxin Consent Form Platysmal Bands

Patient Name:

Date of Birth:

**Botulinum Toxin (Platysmal Bands) Informed Consent**

**Aim of Treatment**

The aim of this treatment is to relax the muscles appearing as vertical ‘rods’ in the neck, in order to improve the appearance of the neck and jaw line. This clinic uses BOTOX unless you are otherwise advised, or request an alternative brand of botulinum toxin.

**Motivations and Expectations**

**Alternative Treatments I have been Advised I may Consider; Acceptance of Present Condition**

**Common Side Effects Associated with the Injections Include**

* Pain or stinging sensation when the injection is performed.
* Localised swelling, redness, tenderness
* Bleeding at the sites of injection
* Bruising
* Numbness or itching of the area following injection.
* The above usually resolve spontaneously within hours or days, but may persist for longer.
* Neck pain, muscle weakness

**Uncommon Side Effects**

* Nausea
* Anxiety
* Dry mouth
* Altered skin sensation, muscle twitching or spasm in the treated area
* Fever
* Lack of strength
* Flu like symptoms
* Itching or dry skin
* Infection
* Muscles not targeted may be effected, causing hoarseness of the voice or difficulty swallowing. Immediate medical attention should be sought should difficulty in swallowing be experienced.
* Rash

Any adverse reactions usually occur within a few days of treatment. They are expected to be temporary in nature and usually resolve spontaneously within weeks. If you notice any difficulty in swallowing please report to the clinic as soon as possible.

Rarely, symptoms may persist for several months.

The treatment of platysmal bands with botulinum toxin is not a licensed indication. The product manufacturer has no liability should a complication arise.

**Expected Outcome**

Whilst probable results have been explained, this should not be interpreted as a guarantee.

Successful treatment should soften the appearance of the muscles treated. Any decision to increase the dose, or repeat treatment, will be made at the discretion of the practitioner, informed by safety and best practice.

* I understand that though complications are uncommon, they do sometimes occur. It is possible that side effects not described may occur and indeed that a complication not previously reported may occur for the first time.
* I understand if I suffer any adverse reactions that are not expected, or concern me, I must contact the clinic. An appointment will be made for me to be seen. The clinic cannot take responsibility for complications or results that have not been reported, assessed, documented and managed in a timely fashion.
* I understand that whilst results desired and expected have been discussed, outcomes vary between individuals and cannot be guaranteed.
* I confirm that the medical health history form has been completed truthfully and I am fully aware that withholding medical information, including history of previous treatment, may be detrimental to the safe and optimal outcome of any treatment administered. If there are any changes in my medical history, I must inform the practitioner.
* I confirm that I have been provided with verbal and written information about this treatment which includes aftercare and follow up advice.
* I agree to follow the aftercare advice and understand this reduces risk of adverse reactions and helps ensure optimum results.



* I understand information about me will be treated as confidential and access to it restricted in accordance with the Data Protection Act, unless specific permissions given.
* I consent to my medical records being shared with appropriate medical professionals
* I understand photographs are taken as part of my medical record.

**On occasion it is helpful to share visual images of our own treatment results.**

**I consent to photographs being published for;**

* Educational and training purposes with medical professionals
* Educational purposes with selected patients during consultation
* Educational/promotional purposes in the clinics portfolio viewed by selected members of the public
* Educational/promotional purposes on the clinic website
* Educational purposes for selected public events
* I understand that no fee is payable to me or any other person in respect of the material either now or at any time in the future.
* I confirm that the purpose for which the material would be used has been explained to me in terms which I have understood.
* I accept the clinic terms and conditions. I am satisfied treatment with botulinum toxin has been explained comprehensively and that the possible risks and side effects associated with the treatment have been fully discussed and understood. I have taken sufficient time to process and consider the information provided and any questions I had have been answered to my satisfaction, before making a decision to proceed with the agreed treatment plan.

Patients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Practitioners Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: Dr P Davis Date: \_\_\_\_\_\_\_\_\_\_\_\_\_