SOLARIS
Laser & Skin Care

BOTULINUM TOXIN "A" MEDICAL HISTORY

Name_____**Address**_____
City_____**State**_____**Zip**_____**Email**_____
Home Phone_____ **Work/Cell Phone**_____
Primary Physician's Name_____ **Phone #**_____
DOB_____ **Age**_____ **Ht**_____ **Wt**_____

Please list all medications you are currently taking:_____
_____
Allergies: _____ **Are you on Antibiotics at this time?**_____

Circle any of the following illnesses you have or have ever had in the past:

Myesthenia Gravis Hepatitis Eye Disease Autoimmune Disease Vision Problems
Numbness Muscle Weakness Multiple Sclerosis Amyotrophic Lateral Sclerosis (ALS)
Parkinson's Disease Neurological Disorders Lambert-Eaton Syndrome
Allergies to Human Albumin or Bovine (Cow's Milk)

List and/or Explain Other Medical Conditions not listed above:_____
_____
PreviousHospitalizations/Operations:_____
_____
WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (nursing)? _____ _____

Have you had Plastic Surgery or other surgery to your face/neck areas? If so, when ?_____
_____

Had Botox® injections before? _____ **Last treatment?** _____**What Areas?**_____
Were you happy with previous Botox® treatments?_____ **Explain**_____
_____

Have you ever had eyelid/eyebrow droop after Botox®?_____
Do you show a lot of upper eye lid when eyes are open?_____
Do your eyelids feel extra heavy when you don't get enough sleep?_____
Do your eyelids droop without sleep?_____
Areas of special concern to patient?_____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge

[1] Solaris Laser & Skin Care, 513 Maple Ave West, Vienna, VA 22180; 703.255.0300

that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature_____**Date**_____

Practitioner Signature_____**Date**_____

Scheduling Policy

Due to the popularity of our services, we have found it necessary to implement the following policy regarding the scheduling of appointments. Once scheduled all appointments require a minimum of 24-hour notice for cancellation.

Failure to follow this policy will result in the following:

Missing 1 appointment without notice: $ 25.00 Charge.
Missing 2 appointments without notice: $ 50.00 Charge.
Missing 3 appointments without notice: $ 75.00 Charge.
No future appointments will be honored until the above fees are paid.

Credit Card information will be collected in registration and will be used only for missing appointments.

For Complimentary and Gift Certificate Appointments:

Missing ANY complimentary appointment without a 24-hour notice will result in Complete Forfeiture of the appointment.
Gift Certificates are subject to the same charges as regular appointments.

I have read and fully understand this policy and agree to follow the terms within.

Credit Card Info: **Master Card ____ Visa ____**

Card Holder Name: _____ **Card Number:** _____

Expiry Date: _____ **CVS #** _____

SIGNATURE: _____ **DATE:** _____

Solaris Laser & Skin Care

CONSENT TO BOTULINUM TOXIN "A" TREATMENT

Botulinum Toxin "A" is a neurotoxin produced by the bacterium Clostridium A. For Cosmetic purposes, botulinum toxin is FDA approved for the hyper-functional lines in the Glabella Region *(those wrinkles located between the eyebrows)*. Other areas treated with botulinum toxin for cosmetic purposes are considered off-label use. Botulinum Toxin A can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. I understand that Botulinum Toxin "A" cannot improve sagging skin or wrinkles caused by aging or sun damage and understand they are unrelated to muscle contraction. Treatment with Botulinum Toxin "A" can cause your facial expression lines or wrinkles to essentially disappear. Areas most commonly treated are: a) glabellar area of frown lines, located between the eyebrows; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles, however, botulinum may also be used in other facial areas. Botulinum Toxin "A" is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes. Results generally last 3-4 months and in some individuals may last longer. With repeated treatments, the results may also tend to last longer.

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1.Post treatment discomfort, swelling, redness, and bruising, 2.Double Vision 3. Rarely, weakened tear duct 5. Post treatment bacterial, and/or fungal infection requiring further treatment 6. Allergic reaction 7. Minor temporary droop of eyelid(s), eyebrow (s), or corner of the mouth in approximately 2% of injections, this usually lasts 2-3 weeks 8. Occasional numbness of the forehead, lasting up to 2-3 weeks, 9. Transient headache, and 10. Flu-like symptoms may occur.

ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: animal-derived or human collagen filler products, hyaluronic acid dermal fillers, dermal fillers derived from the patient's own fat tissues, and synthetic plastic permanent implants in some cases.

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for scientific and educational purposes both in publications and institutional presentations. I understand my identity will be protected.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant. I am not trying to get pregnant, I am not Lactating (nursing). I do not have any significant Neurological disease (s) including but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS). I do not have or am not aware that I have any allergies to the toxin ingredients, or to human albumin (human blood products), and have never had a reaction to Botulinum Toxin "A" in the past.

PAYMENT

I understand that this procedure is an "elective" cosmetic procedure and that payment is my responsibility. Any expenses which may be incurred by medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

RESULTS

I am aware that when small amounts of purified botulinum toxin A is injected into a muscle it causes weakness/relaxation of that muscle. This effect generally appears in 2 – 10 days and the effects can last 3-4 months, but can be shorter or longer. I understand that the length of response may vary from patient to patient and from one treatment to the next. In a very small number of individuals, the injection does not work as satisfactorily or for

as long as usual and rarely, there are some individuals who do not respond at all. It is at the discretion of my practitioner as to whether or not a "touch-up" injection may be needed within the first 14 days of treatment, and I understand if that is the case, an additional charge may incur. I understand that I may not be able to "frown" while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made or implied to me as to the results of the procedure. I understand that the success of the procedure is to some extent dependent upon my closely following instructions and that I must not perform any vigorous exercise and I must not massage or manipulate the area (s) of the injections for the 2-3 hours post-injection period. Additionally, utilizing the target muscle groups may help the toxin to take a greater affect.

_____***(please initial)***

CONSENT

Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to your physician/practitioner to perform injections of botulinum toxin "A" (Botox® or Dysport®) to treat the hyperfunctional lines / wrinkles in the affected areas which you have chosen and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have a right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that No refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained by this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify if any changes occur in my medical history I will notify the office.

I hereby give my voluntary consent to this procedure and release Solaris Laser & Skin Care, medical staff, and specific technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

I agree, if I should I have any questions or concerns regarding my treatment / results I will notify this office at Solaris Laser & skin care and/or provider at
Cell #_____ immediately so that timely follow-up and intervention can be provided.

_____

_____

Patient Name (please print) Patient Signature Date

_____

_____

Witness Name (please print) Witness Signature Date