



CONSENT TO BOTOX TREATMENT

Botulinum Toxin A, a neurotoxin produced by the bacterium Clostridium A. Botulinum Toxin A can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions.

Treatment with Botulinum Toxin A can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles. 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 and the results last 3-6 months. With repeated treatments, the results may 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(s), 4. Post treatment bacterial and/or fungal infection requiring further treatment, 5. Allergic reaction, 6. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 7. Occasional numbness of the forehead lasting up to 2-3 weeks, 8. Transient headache, and 9. Flu-like symptoms may occur.

PHOTOGRAPHS

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

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing), have any significant Neurologic Disease including but not limited to Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), Parkinson's or that I have any allergies to the toxin ingredients, or to human albumin.

PAYMENT

I understand that this is an "elective" cosmetic procedures and that payment is my responsibility.

RESULTS

I am aware that when small amounts of purified botulinum ("BOTULINUM TOXIN A") are injected into a muscle, it causes muscle weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts 3-6 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and some individuals who do not respond at all. I understand that I will 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 understand that I must stay in the erect posture and that I must not manipulate the area(s) of the injections for the 2 hours post-injection period.

I understand this is an elective procedure and some of the areas that may be treated are considered off-label use. I hereby voluntarily consent to treatment with Botulinum Toxin A injection for the condition known as: Facial Dynamic Wrinkles. The procedure has been fully explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history, I will notify the office immediately.

Patient Name (print)

Signature

Date

Practitioner Name (print)

Signature

Date



Daniela Atanassova-Lineva, MD
Telephone - 718 309 9133

BOTULINUM TOXIN A MEDICAL HISTORY

Name _____ **DOB** _____

Address _____

Email _____

Home Phone _____ **Work/Cell Phone** _____

Primary Physician's Name _____ Phone _____

Current medications: _____

Allergies: _____ Are you on antibiotics at this time? _____

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

Myasthenia Gravis | Hepatitis | Eye Disease | Autoimmune Disease | Vision Problems
Numbness | Muscle Weakness | Multiple Sclerosis | Amyotrophic Multiple Sclerosis (ALS)
Parkinson's Disease | Neurological Disorders | Lambert-Eaton Syndrome

List other Medical Conditions not listed above:

Previous Hospitalizations/Surgeries:

Women: Are you pregnant, trying to get pregnant, or lactating (nursing)? _____

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

When and what? _____

Had Botulinum Toxin A Injections before? _____ Last Treatment _____

What areas? _____ Were you happy with previous treatment? _____

Explain _____

Have you ever had eyelid/eyebrow droop after Botulinum Toxin A? _____

Do you show a lot of upper eyelid 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: _____

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 and questionnaire. I acknowledge 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** _____



Dr D Medical
Wellness

Daniela Atanassova-Lineva, MD

Telephone - 718 309 9133

BOTOX & FILLER PRE-TREATMENT INSTRUCTIONS

7 Days Before:

- To avoid bruising it is best not to take any anti-inflammatory medication or pain relievers that are blood thinners such as aspirin, Tylenol, Advil, or Motrin
- Avoid the following vitamins & supplements: Vitamin E, Fish Oil, Omega 3 fatty acids, Ginkgo biloba, Garlic, Ginger, cayenne, licorice, flax seed oil and COQ10
- Avoid drinking alcohol a few days before treatment since it, too, is a blood thinner
- Sunburned skin is difficult to treat so avoid exposure to the sun before your appointment
- Avoid waxing, bleaching, tweezing, facial scrubs or the use of hair removal cream on the area to be treated
- Avoid the use of Alpha Hydroxy Acids higher than 10%, Retinol and Retinol A
- If you have a tendency to bruise easily, start taking Arnica Montana, an oral homeopathic medication 3-4 days before treatment to help promote healing, minimize bruising and swelling. It is available at health food stores and pharmacies. It comes in an oral tablet and a topical cream. The cream may be helpful after treatment
- If you have a history of cold sores (Perioral Herpes) the doctor will prescribe a medication for you to start the day before or the day of treatment
- Always inform your clinician of all medications including antibiotics, high blood pressure medication, Coumadin, Plavix, or other blood thinners as well as your medical history

Other Important Information:

- Do not use Botox or dermal fillers if you are pregnant/breastfeeding
- Do not use Botox if you are allergic to eggs or any of its ingredients or if you suffer from any neurological disorders
- Active skin infections are a contraindication to treatment
- It is not recommended to have Botox treatments less than 90 days apart
- Stay well hydrated before and after filler treatment. Dermal filler attracts and binds to water to add volume to the skin
- The most common side effect is bruising and swelling. It is NOT advisable to have injections less than 2 weeks before a big event.
- Schedule a follow up appointment 2 weeks after treatment.



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BOTOX & FILLER POST-TREATMENT INSTRUCTIONS

- **Do not** massage, rub or apply pressure to the treated area for 6 hours after treatment
- Avoid aspirin, ibuprofen, and drinking alcohol for a few days following treatment
- Do not exercise for 24 hrs
- Apply topical Arnica Montana cream to any areas with redness, bruising or swelling
- Avoid exposure to the sun and cold outdoor activities until redness from treatment disappears
- Do not restart Retinol or Retin-A for 2 days

IF YOU HAD BOTOX TODAY:

- Stay erect; do not lie down for at least 4 hours
- You may experience occasional tingling sensations
- An immediate headache is common especially, if it is your first botox treatment
- It can take 2-14 days to take full effect. Botox can last 3-4 months.
- Makeup can be reapplied after treatment

IF YOU HAD FILLER TODAY:

- Avoid kissing, puckering, using a straw, and “lip plumpers”. This can displace the filler material and cause complications.
- Immediately apply ice to the area treated with **very light** pressure to reduce swelling. Ice should be applied for 10-20 minutes and then removed for 10-20 minutes. This cycle can be continued throughout today.
- Mild to moderate bruising is very common with fillers. Apply Topical and/or oral Arnica Montana to help with any areas of bruising and/or swelling.
- Stay well hydrated can improve results. Filler attracts and binds to water to add volume to the skin.
- Avoid facials, peel, micro-dermabrasion, dental treatment, “face down” massages for two weeks. Also, sleep on your back for the next few nights.
- If possible, avoid makeup today. Gentle cleansing and moisturizer is fine.
- The effect of filler is immediate with full effect in 7 days.

*****CALL YOUR DOCTOR OR THE OFFICE IMMEDIATELY TO REPORT ANY PAIN, REDNESS, BLISTERS, ITCHING, OR SKIN BLANCHING*****