

Reflections Aesthetic & Laser Solutions

Hair & Vein Removal • Sun Spot Removal • Dermal Fillers • Botox • Skin Care •
Permanent Makeup

BOTOX Cosmetic® Post Treatment Instructions

1. Try to exercise your treated muscles for 1-2 hours after treatment (e.g. practice frowning, raising your eyebrows or squinting). This helps to work BOTOX Cosmetic® into your muscles. Although this is thought to help, it will NOT impact your treatment negatively if you forget to do this.
 2. Avoid taking Advil, Vitamin E etc. in order to reduce the risk of bruising.
 3. Do NOT rub or massage the treated areas for 4 hours after your treatment. Do NOT do Yoga or any type of strenuous exercise for 4 hours after treatment. Also avoid facials or saunas for 4 hours after your treatment. This will minimize the risk of raising your blood pressure and therefore minimize the risk of temporary bruising. Feel free to shower and go about most other regular daily activities.
 4. Do NOT lie down for 4 hours after treatment. This is to avoid the risk of pressure on the treated areas (from your pillow) and to avoid the risk of having the area rubbed accidentally.
 5. Be assured that any tiny bumps or marks will go away within a few hours. If you need to apply make-up within 4 hours after your treatment, only use a GENTLE touch to avoid rubbing the treated area.
 6. Results of your treatment may take up to 14 days to take full effect. Please wait until the 14 days have passed before assessing if you are pleased with the result.
 7. BOTOX Cosmetic® is a temporary procedure and at first, you may find that your treatment results will last approximately 3 or 4 months. If you maintain your treatment appointments with the frequency recommended by your doctor, the duration of each treatment result may last longer than 4 months.
 8. Initially, our clinic sees patients between 3 months (12 week) and 4 months (16 week) time period. We are able to create the best clinical results for you during this period. If you allow BOTOX Cosmetic® to completely wear off, it is difficult for the doctor to be able to see how your individual muscles reacted and therefore optimal results for YOUR face can be more difficult to achieve.
9. Our clinic will need to see you in 3 months.
Please ensure you book this appointment before you leave our office today.
Your next appointment is scheduled for _____.
10. We offer the special service of contacting you as a reminder prior to your booked appointment. If that date / time is not suitable, we will be more than happy to adjust it to fit your schedule. If you have any questions or concerns, please feel free to contact us at (772) 567-7196.

REFLECTIONS

PERMISSION FOR BOTOX™ or XEOMIN™ INJECTIONS

Do not sign this form until you have read it carefully and fully understand its contents.

Patient Name _____

Injection of Botulinum A Toxin (Botox™, Xeomin™)

The following points have been discussed with me:

1. The mode of action of the treatment. Botulinum A Toxin injection is used in the cosmetic treatment for glabellar frown lines (between the eyebrows), forehead lines, neck lines, crow's feet (around lower eyes) and significantly decrease excessive sweating.
2. The proposed benefits of treatment. Injection of this material into the small muscles will cause them to temporarily halt their function, thereby improving the appearance of the wrinkles. This response is temporary, and re-injection is necessary within three to ten months to obtain the desired result.
3. The probability of success. Botulinum A Toxin injections are a common procedure that is safely performed in thousands of patients annually. Complications are rare but may include temporary paralysis of other nearby muscles, headache, local numbness, rash and bruising.

ACKNOWLEDGMENT

I understand that Botulinum A Toxin injections are not an exact science and that no guarantee or assurances can be given to me concerning the results of this procedure. Alternative means of treatment have been explained to me and I understand that I have the right to refuse the treatment.

I understand the FDA has approved Botulinum A Toxin for cosmetic wrinkle reduction.

I consent to allow the physicians at Reflections Aesthetic and Laser Solutions proceed with Botulinum A Toxin injections. I understand that _____, M.D. will rely on statements made by me to determine that the procedure is safe and effective.

By signing this form, I acknowledge that I have read this form, that I fully understand its contents, and that I have been given ample opportunity to ask questions and that all questions have been answered to my satisfaction. I understand that I can call or return to the office at any time to ask for more information from the doctor or his staff.

I certify that I am a competent adult of at least 18 years of age and acknowledge that the following procedure has been described to me to my satisfaction.

Patient

Witness

Date

CONSENT TO RECEIVE KYBELLA™ INJECTION
(deoxycholic acid)

Kybella is a non-human and non-animal formulation of deoxychoic acid, a naturally-occurring molecule in the body that aids in the breakdown and absorption of dietary fat. When injected into subcutaneous fat, Kybella™ causes the destruction of fat cells. Once destroyed, those cells cannot store or accumulate fat. Kybella™ is the first and only FDA-approved injectable drug that contours and improves the appearance of submental fullness due to submental fat (double chin).

Kybella™ is indicated for the improvement in the appearance of submental fullness in adults. The safe and effective use of Kybella™ for the treatment of subcutaneous fat outside the submental region has not been established and is not recommended.

Risks of Kybella™:

Patient's
Initials

_____ I understand and accept the most likely risks & complications of Kybella™ injections that include but are not limited to:

- Numbness, tingling, itching and skin tightness at the injection site
- Swelling, bruising, and/or redness at injection site
- Formation of areas of hardness / nodules at the injection site
- Skin ulceration
- Possible marginal mandibular nerve injury resulting in an asymmetric smile or facial muscle weakness
- Difficulty swallowing
- Headache
- Alopecia (hair loss) in the treatment area

_____ I understand and accept that I should not have this treatment if I have an infection in the treatment area.

_____ I have informed my healthcare provider including any plans to have surgery on my face, neck or chin.

_____ I have informed my healthcare provider if I have had or have trouble swallowing.

_____ I have informed my healthcare provider if I have any bleeding problems.

_____ I have informed my health care provider if I have had or have a medical condition in or near my neck area.

_____ I have informed my healthcare provider if I have had any cosmetic treatments on my face, neck or chin.

_____ I am not currently pregnant or planning to become pregnant. I understand that it is now known if Kybella™ will harm an unborn baby.

_____ I am not currently breastfeeding or plan to breastfeed. It is not known if Kybella™ passes into breast milk.