



INFORMED CONSENT FOR DYSPORT (ABOBOTULINUMTOXIN A)

My signature and initial after each statement below constitutes my acknowledgement that:

1. I, _____, consent to and authorize Primary Care West on (date) _____ the use of Botulinum Toxin as an elective procedure to improved general aesthetic appearances.

2. I am fully aware of the risks of complications or injuries that can occur from the treatment through the use of Botulinum Toxin, both from known and unknown causes, and I freely assume those risks. Known complications include:

- Redness, swelling/edema, itching, pain, or pressure lasting more than one week at injection site.
- Eyelid swelling or eyelid drooping.
- Headaches

3. The nature and purpose of the above elective treatment has been explained to me and my questions regarding the treatment have been answered to my satisfaction.

4. I understand surgery or other treatment alternatives may be as effective or more effective in reducing the appearance of wrinkles.

5. I have not received any cosmetic injections in the last two weeks.

6. I certify that I do not have any of the known conditions that would be a contradiction to receiving the treatment. These conditions include hypertrophic scars, a history of any autoimmune disease, or immune therapy. I am not pregnant, I am not breast feeding, I am not planning a LASIK procedure in the next month, and I have no known allergy to botulinum toxin or latex gloves (should they be used). I am not allergic to eggs or milk protein

7. No guarantee, warranty, or assurances have been made regarding treatment results.



Primary Care West, P.C.

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8. I understand that results are of a temporary nature, and subsequent or future treatments will be needed to maintain improvement. I agree to adhere to all safety precautions described here including:
- Avoiding prolonged sun exposure
 - Avoiding saunas for two weeks after injection
 - Avoiding steam baths for two weeks after injection
 - Makeup should be avoided for at least 12 hours after injection.

9. This agreement is binding, non-transferable and may not be altered by anyone without express consent of Primary Care West. Further, this agreement does not expire.

10. I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botulinum A Toxin (Dysport) treatments with the above understood. I hereby release the doctor, the person injecting the Botulinum A Toxin (Dysport), and the facility from liability associated with this procedure.

11. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

It is important that you read the above information carefully and have all of your questions answered before signing this consent.

I have read the foregoing consent and hereby confirm that I have had each item explained to me, was given an opportunity to ask questions, and had all of my questions answered. I hereby authorize the technician to perform the procedure of DYSPORT® injections.

Print Name: _____

Signature: _____

Date: _____