



**INFORMED CONSENT FOR BOTULINUM TOXIN & DERMAL FILLER INJECTIONS
BETWEEN THE PATIENT (YOU) & PROVIDERS AT HIGHT POINT MEDSPA**

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

1. I, _____, consent to and authorize practitioner of High Point Medspa on {date} _____ the use of " U as an elective procedure) to improve general aesthetic appearance.	Initial: _____
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. <u>Known complications could include:</u> <ul style="list-style-type: none"> • Redness, swelling/edema, itching, pain, or pressure lasting more than one week • Nodules or induration at the injection site • Discoloration of the injection site, poor effect • Allergic reactions • The effects of BOTOX® are apparent two (2) - five (5) days after treatment & can take up to two (2) weeks for the full effect. • The effects of BOTOX * can last for up to here (3) - four (4) months. <ul style="list-style-type: none"> • Repeated treatment(s) may lead to permanent loss of muscle tone in the treated area(s) & some patients may develop antibodies to botulinum toxin (including but not limited to BOTOX®). • Bruising • Facial asymmetry • Temporary paralysis leading to droopy eyelid and double vision • Weakness or flu-like symptoms • Visual problems, dry eye 	Initial: _____
3. I, _____, consent to and authorize practitioner of High Point Medspa on {date} _____ the use of) 7 as an elective procedure) to improve general aesthetic appearance.	Initial: _____
4. I am fully aware of the risks of complications or injuries that can occur from this treatment through the use of Dermal Fillers , both from known and unknown causes, and I freely assume those risks. <u>Known complications could include:</u> <ul style="list-style-type: none"> • Redness, swelling/edema, itching, pain, or pressure lasting more than one week • Nodules or induration at the injection site • Discoloration of the injection site, poor effect <ul style="list-style-type: none"> • Allergic reactions • Poor effect of weak filling • In extremely rare cases, skin necrosis or 'death of skin' may occur as a result of injection into a blood vessel. This may result in blindness, financial costs, extended care and scar formation. 	Initial: _____
5. The nature and purpose of the above elective treatment(s) has been explained to me and my questions regarding the treatment have been answered to my satisfaction.	Initial: _____
6. I understand surgery or other treatment alternatives may be as effective or more effective in reducing the appearance of wrinkles.	Initial: _____
7. I have not received any cosmetic injections within the last two weeks.	Initial: _____
8. I certify that I do not have any of the known conditions that would be a contraindication to receiving the treatment. These c 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 (including but not limited to BOTOX) or latex gloves (should they be used). I am not allergic to eggs or milk protein.	Initial: _____
9. I certify that I do not have any of the known conditions that would contraindicate treatment. These conditions include hypertrophic scars, a history of any autoimmune disease, Vascular disease HIV or AIDS, immune therapy, or psychiatric disease. I am not pregnant, I am not breast-feeding, or have no known allergy to Hyaluronic acid, anesthetic agents (including but not limited to Lidocaine), or latex gloves (should they be used).	Initial: _____
10. No guarantee, warranty, or assurances have been made regarding the treatment results.	Initial: _____
11. I understand that due to the nature of Botox/Dermal Fillers, practitioner at High Point MedSpa might inject a site (or multiple sites) for a singular (or multiple) treatment.	Initial: _____
12. I understand that the results are of temporary nature, and subsequent or future treatments will be needed to maintain improve ment I agree to adhere to all safety precautions described here including: <ul style="list-style-type: none"> • Avoiding prolonged sun or UV 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 	Initial: _____
13. High Point Medspa and its employees maintain the right to defer or refuse treatment on any patient\client should it be their opinion that any treatment, or further treatment is not warranted.	Initial: _____
14. This agreement is binding, non-transferable and may not be altered by anyone without the express written consent of H gh Point Medspa ; Further, this agreement does not expire.	Initial: _____
15. Furthermore, I completely and totally indemnify High Point MedSpa, its owner(s), agents, employees, shareholders and (independent) contractor's from any and all liability in relation to the performance of the procedure(s). I also completely and totally indemnify all practitioners of High Point MedSpa from any and liability in relation to the performance and consequence of the procedure(s). . . .	Initial: _____
16. I agree to pay High Point Medspa for the products and services performed today	Initial: _____
I certify that I have read this entire informed consent and that I understand and agree to the information stated on this form. I certify that I am a competent adult of at least 18 years of age. This informed consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns. I agree that any picture taken of my treatment site may be used for publication and teaching purposes, however, my name will not be disclosed (unless I've provided permission in writing) and all reasonable attempts to maintain confidentiality will be made.	
AGREED & SIGNED:	
Print Name: _____	
Patient Signature: _____	Date: _____