Larry Cohen, D.D.S.
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Botox POST – TREATMENT INSTRUCTIONS

The guidelines to follow post treatment have been followed for years, and are still employed today to prevent the possible side effect of ptosis (drooping of the eyelids). These measures should minimize the possibility of ptosis.

- No straining, heavy lifting, vigorous exercise for 3-4 hours following treatment. It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve to start its work, and because we do not want to increase circulation to that area to wash away the Botox from where it was injected.

- Avoid manipulation of area for 3-4 hours following treatment. (For the same reasons listed above). This includes not doing a facial, peel, or micro-dermabrasion after treatment with Botox. A facial, peel, or micro-dermabrasion can be done in same appointment only if they are done before the Botox.

- Facial exercises in the injected areas is recommended for 1-hour following treatment. This is to stimulate the binding of the toxin only to the localized area.

- It can take 2-10 days to take full effect. It is recommended that the patient contact the office no later than 2 weeks after treatment if desired effect was not achieved and no sooner to give the toxin time to work.

Makeup may be applied before leaving the office.

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Botox PRE-TREATMENT INSTRUCTIONS

In an ideal situation it is prudent to follow some simple guidelines before treatment that can make all the difference between a fair result or great result, by reducing some possible side effects associated with the injections. We realize this is not always possible; however, minimizing these risks is always desirable.

- Patient must be in a good health with no active skin infections in the area to be treated.
- Patient should not be needle phobic.
- Avoid alcoholic beverages at least 24 hours prior to treatment. Alcohol may thin the blood which will increase the risk of bruising.
- Avoid anti-inflammatory/blood thinning medications ideally, for a period of two (2) weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Gingko Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS are all blood thinning and can increase the risk of bruising/swelling after injections.
- Schedule Botox appointment at least 2 weeks prior to a special event which may be occurring, i.e., wedding, vacation, etc. It is not desirable to have a very special event occurring and be bruised from an injection which could have been avoided.

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PRE-TREATMENT INSTRUCTIONS

Dermal Fillers

A few simple guidelines before your treatment can make a difference between a good result and a fantastic one.

Patients should be in good overall health. A full medical and dental history must be performed on all patients for optimal results.

If you develop a cold sore, blemish, or rash, etc. prior to your appointment you must reschedule.

If you have a special event or vacation coming up schedule your treatment at least 2 weeks in advance.

Let us know if you are prone to cold sores – a pre-operative medication may help prevent cold sores after treatment.

NO Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids at least 3 days to 1 week before and after treatment.

Discontinue Retin-A two (2) days before and two (2) days after treatment.

AVOID: Alcohol, caffeine, niacin supplement, high-sodium foods, high sugar foods, refined carbohydrates (you may eat fruit), spicy foods, and cigarettes 24-48 hours before and after your treatment.

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POST-TREATMENT INSTRUCTIONS

Dermal Filler Treatment

DO NOT: touch, press, rub or manipulate the implanted areas for the rest of the day after treatment. Avoid kissing, puckering and sucking movements for the rest of the day as these motor movements can undesirably displace the implanted dermal filler material. You can cause irritation, sores, and/or problems, and possible scarring if you do.

AVOID: Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E, or other essential fatty acids at least 3 days after treatment.

AVOID: Alcohol, caffeine, niacin supplement, high-sodium foods, high sugar foods, refined carbohydrates (you may eat fruit), spicy foods, and cigarettes 24-48 hours after your treatment.

AVOID: Vigorous exercise and sun and heat exposure for 3 days after treatment.

DISCONTINUE: Retin 2 days after treatment. It is best to wear no makeup or lipstick until the next day. Earlier use can cause pustules.

One side may heal faster than the other side.

You can expect some bruising and swelling around the areas that were injected. Apply ice for the first hour and after treatment for ten minutes on and ten minutes off.

You must wait 2 weeks before any enhancements.

***** Please report any redness, blisters, or itching immediately if it occurs after treatment. *****

I certify that I have been counseled in post-treatment instructions and have been given written instructions as well.

_____ _____

Patient Signature Date

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INFORMED CONSENT FOR DERMAL FILLER TREATMENT

PATIENT _____
DATE OF BIRTH _____
ADDRESS _____
PHONE _____
TREATING PROVIDER'S NAME (Please print) _____

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

THE TREATMENT
Treatment with dermal fillers (such as Juvederm, Restylane, Radiesse and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately. **Initial ____**

RISKS AND COMPLICATIONS
Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. 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, bruising, and discoloration; 2) Post treatment infection associated with any transcutaneous injection; 3) Allergic reacation; 4) Reactivation of herpes (cold sores); 5) Lumpiness, visible yellow or white patches; 6) Granuloma formation; 7) Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs. **Initial ____**

PREGNANCY AND ALLERGIES
I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine. **Initial ___**

ALTERNATIVE PROCEDURES
Alternatives to the procedures and options that I have volunteered for have been fully explained to me. **Initial ____**

PAYMENT
I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. **Initial ____**

RIGHT TO DISCONTINUE TREATMENT
I understand that I have the right to discontinue treatment at any time. **Initial ____**

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INFORMED CONSENT FOR DERMAL FILLER TREATMENT

RESULTS
Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Its effect can last up to 6 months. Most patients are pleased with the results of dermal fillers use. However, like any esthetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. The dermal filler procedure is temporary and additional treatments will be required periodically, generally within 4-6 months, involving additional injections for the effect to continue. I am aware that follow-up treatments will be needed to maintain the full effects. I am aware the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. The correction, depending on these factors, may last up to 6 months and in some cases shorter and some cases longer. I have been instructed in and understand the post-treatment instructions. **Initial ____**

I understand this is an elective procedure and I hereby voluntarily consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, establish proper lip smile and lines, and replacing facial volume. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. 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 doctor/healthcare professional who treated me immediately. I also state that I read and write in English. **Initial ____**

_____ _____ _____
Patient Name (Print) Patient Signature Date

I am the treating doctor/healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

_____ _____ _____
Doctor Name (Print) Doctor Signature Date

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INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT

PATIENT _____
DATE OF BIRTH _____
ADDRESS _____
PHONE _____
TREATING PROVIDER'S NAME (Please Print) _____

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

THE TREATMENT
Botulinum toxin (Botox and similar agents) is a neurotoxin produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or 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); c) forehead wrinkles; d) radial lip lines (smokers lines); e) head and neck muscles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results can last up to 3 months. With repeated treatments, the results may tend to last longer.
Initial _____

RISKS AND COMPLICATIONS
Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. 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. A weakened tear duct; 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 flu-like symptoms may occur. **Initial _____**

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). I do not have any significant neurologic disease including but not limited to myasthenis gravis, multiple sclerosis, lambert-eaton syndrome, amyotrophic lateral sclerosis (ALS), and parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin. **Initial _____**

ALTERNATIVE PROCEDURES
Alternatives to the procedures and options that I have volunteered for have been fully explained to me. **Initial _____**

PAYMENT
I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment.
Initial _____

RIGHT TO DISCONTINUE TREATMENT
I understand that I have the right to discontinue treatment at any time. **Initial _____**

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INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT

RESULTS

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts up to 3 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 there are some individuals who do not respond at all. I understand that I will not be able to use the muscles injected as before 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.

Initial _____

I understand this is an elective procedure and I hereby voluntarily consent to treatment with botulinum toxin injections for facial dynamic wrinkles, TMJ dysfunction, bruxism and types of orofacial pain including headaches and migraines. The procedure has been fully explained to me. I understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. 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 doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

_____

Patient Name (Print) Patient Signature Date

I am the treating doctor/healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

_____

Doctor Name (Print) Doctor Signature Date