



Epiphany Spa & Wellness Inc.
15 — 1400 Cornwall Rd.
Oakville, Ontario L6J7W5
(905) 815-1772

Contractor:
Sandra Wilczynska
Nurse Practitioner

Consent for Botulinum Toxin Type A

I am aware that when a small amount of purified Botulinum Toxin Type A (Botox, Dysport, Xeomin) is injected into a muscle it causes weakness or paralysis of that muscle. This appears in 3-4 days and usually lasts four months but can be shorter or longer.

For example: Frown lines between the eyebrows are due to contraction of a small muscle, corrugators beneath the inner part of each eyebrow. Injecting Botulinum Toxin Type A into this muscle will relax the muscle causing improvement or disappearance of the frown lines.

Results and Post treatment Care

1. I understand that I will not be able to move the treated muscles while the injection is effective, but that this will reverse itself after a period of months, at this time re treatment is appropriate.
2. I am aware that satisfaction of the results, and outcome after the injection, may vary from one individual to another.
3. I understand that I must stay in the erect posture, and that I must not manipulate the area of the injection site for 2-4 hours post injection period.
4. A touch up with additional doses after two weeks may be required, if the desired effect is not achieved initially.

Risks and complications

Botulinum Toxin Type A treatment of frown lines can cause minor temporary droop of one eyelid in approximately 2% of injections. This usually lasts 2-3 weeks. Occasional numbness of the forehead lasting 2-3 weeks, bruising, infection, minor bleeding and transient headache has occurred. In a very small number of individuals, the injection does not work as satisfactorily or for as long as desired.

Photographs

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

Pregnancy and Neurological Disease

I am not aware that I am pregnant, nor that I have any significant neurological disease or known allergies. X_____

Payment

I understand that this is a cosmetic procedure and that payment is my responsibility. I have read the above and understand it. The doctor or nurse has answered my questions satisfactorily. I accept the risks and complications of the procedure.

Client Signature: _____

Date: _____

Client Name: _____