

**AOB Med Spa**  
**BOTOX® COSMETIC CONSENT FORM**

\_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_  
 DOB Referred by:

\_\_\_\_\_  
 Email Address: Street Address, State and Zip:

**This consent form is designed to verify that you have been satisfactorily informed and educated in respect to your skin care treatment, as well as its aftercare, so that you may make an educated decision as to whether to have this procedure performed. Please read and initial each paragraph below, and freely ask us any questions you may have.**

**GENERAL INFORMATION:**

\_\_\_\_\_ Prior to receiving this treatment, I have been candid in revealing any condition that may have a bearing on this procedure, such as marked pre-treatment asymmetry; pregnancy or breastfeeding; infection at the proposed injection sites; allergy to human albumin; or a history of neurologic disease, e.g., myasthenia gravis, ALS, or Lambert-Eaton syndrome.

\_\_\_\_\_ I understand that Botox® Cosmetic is approved by the FDA to treat frown (glabellar) lines and crow’s feet and that treatment of wrinkles in other areas is considered “off-label”.

\_\_\_\_\_ I understand that to reduce wrinkles, tiny amounts of Botox® Cosmetic are injected into the facial muscles which are responsible for the wrinkles.

\_\_\_\_\_ I understand that the muscle weakening effect gradually takes place over 3-14 days and that the effect is temporary, with the average response being 3 to 4 months. Individual responses may be longer or shorter.

\_\_\_\_\_ I understand that there are alternatives to Botox® Cosmetic therapy for wrinkles, including no treatment, use of topical creams, use of dermal fillers, chemical peels, laser treatment, and surgical face or brow lift.

\_\_\_\_\_ I understand that despite proper planning, patients do not always respond as desired to Botox® Cosmetic therapy. m.pulse charges Botox® Cosmetic therapy on a per unit basis. Additional fees apply for future “touch-up” therapies if additional units are necessary.

**RISKS/SIDE EFFECTS:**

\_\_\_\_\_ I understand that this procedure may have side effects, including but not limited to: eyelid droop, brow droop or depression, facial droop, asymmetry, swelling, bleeding, bruising, dry eye, excess tearing, corneal exposure, corneal ulceration, persistent corneal epithelial defect, double vision, scarring, infection, headache, prolonged redness or healing, and a theoretical risk of viral transmission.

\_\_\_\_\_  
 Tech Initials Date

\_\_\_\_\_ With full knowledge and understanding of the risks/hazards discussed above, I voluntarily request the cosmetic procedure be performed. I further acknowledge having been informed that Botox® Cosmetic therapy is intended to temporarily smooth moderate to severe facial expression wrinkles by utilizing several small injections. I have been informed of the nature, risks, and possible complications and consequences of this procedure. I fully understand this is a process and therefore not an exact science and that all clients have different experiences and outcomes. I accept full responsibility for the decision to have this esthetic work performed on me and I accept the possible consequences of said procedure.

\_\_\_\_\_ I understand that although complications are rare, sometimes they may occur and that attention may be necessary. In the event of any complication, I will immediately contact the center.

**AUTHORIZATION AND WAIVER**

\_\_\_\_\_ I hereby authorize AOB Med Spa, its employees, and agents to perform the cosmetic procedure on me. I fully understand that this procedure has limited applications. I am aware that the practice of aesthetics is not an exact science and I acknowledge that my provider cannot guarantee quality and/or results or freedom from complications. I acknowledge that I have had the opportunity to ask questions, and that I fully understand the procedure.

\_\_\_\_\_ I understand and acknowledge that there are risks involved with the skin care procedure, including but not limited to those side effects listed above. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand that any false or misleading information I have given may lead to undesired results and complications and hereby release and hold harmless m.pulse from any and all liability if such results or complications occur. I further understand that my failure to follow post care instructions may also lead to undesired results, complications or effects and hereby release and hold harmless m.pulse from liability if such results or complications occur.

**\_\_\_\_\_ Any payment made on AOB Med Spa treatments is non-refundable. Any unused treatments will be available as an in-house credit on your account, and can be used to purchase treatments or products.**

**I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure described above.**

\_\_\_\_\_ Client Signature (or Responsible Guardian)

\_\_\_\_\_ Date

\_\_\_\_\_ Witness

\_\_\_\_\_ Date

\_\_\_\_\_ Tech Initials

\_\_\_\_\_ Date