



Dysport Informed Consent Form

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo Dysport Treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that _____ attempt to improve my facial lines with Dysport. These injections have been used for more than a decade to improve spasm of the muscle around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. Dysport Cosmetic is approved by the FDA to improve the appearance of the vertical lines between the brows and people 65 years of age and younger. A few tiny injections of Botox Cosmetic relax overactive muscles and soften those vertical lines. Injections in other areas to improve the appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. The results of Dysport Cosmetic are usually dramatic, although the practice of medicine is not exact science and no guarantees can be or have been made concerning expected results.

_____ Patient Initials

The Dysport Cosmetic solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next 3 to 7 days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment.

_____ Patient Initials

I understand that the results are temporary and several sessions made be needed for optimal results.

_____ Patient Initials

I understand that risks may include: Bleeding- possible though unusual. Infection- very rare but if infection does occur additional treatment including antibiotics may be necessary. Damage to deeper structures- such as nerves and blood vessels. Asymmetry- the human face and eyelid region are usually asymmetrical. There can be a variation from one side to the other side following Dysport injections.

_____ Patient Initials

I agree that this constitutes full disclosure, and that is supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this Dysport Cosmetic Treatment today and for all subsequent treatments.

Patient Name (Printed) _____

Date: _____

Signature _____



Injectors Signature: _____

Date: _____