

CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate treatment, we need you to complete the following questionnaire. All information is strictly confidential.

PERSONAL HISTORY

Client Name _____ Today's Date _____

Date of Birth _____ Age _____ Occupation _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact Name and Phone _____

How were you referred to us? _____

Do you regularly sun bathe or use tanning salons? _____ How often? _____

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No

If yes, for what: _____

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer Diabetes High blood pressure Herpes Arthritis
 Frequent cold sores HIV/AIDS Keloid scarring Skin disease/Skin lesions
 Seizure disorder Hepatitis Hormone imbalance Thyroid imbalance
 Blood clotting abnormalities Any active infection

Do you have any other health problems or medical conditions? Please list: _____

Have you ever had an allergic reaction? (List any and all that you have had and describe the reaction you experienced)

- Food Animal Protein Aspirin Lidocaine Hydrocortisone Hydroquinone or skin bleaching agents

Others: _____

MEDICATIONS

What oral prescription medications are you presently taking? Birth control pills Hormones

Others (It is required that you list all of them): _____

What antibiotics do you use to treat infections? _____

Do you take any medications for heart conditions? _____

Are you on any mood altering or anti-depression medication? _____

What topical medications or creams are you currently using? RetinA , Others (Please list):

What herbal supplements do you use regularly? _____

HISTORY

For our female clients:

Are you pregnant or trying to become pregnant? Yes No Are you breastfeeding? Yes No

Are you using contraception? Yes No

I certify that the preceding medical, medication and personal history statements are true and correct. I am aware that it is my responsibility to inform the doctor or other health professional of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature _____ Date: _____

BOTOX®/DYSPORT®/Xeomin® (Botulinum A Toxin)
INFORMED CONSENT

I, _____, understand that I will be injected with Botulinum A Toxin (Botox®/Dysport®/ Xeomin®) in the area of the glabellar muscles to paralyze these muscles temporarily or in the forehead or crows feet around the lateral area of the eyes.

Botulinum A Toxin (Botox®/Dysport®/ Xeomin®) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows.

Injection of Botox®/Dysport®/Xeomin® into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available.

The possible side effects of Botox®/Dysport®/Xeomin® include but are not limited to:

Risks: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.

Infection: Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.

Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.

Although many people with chronic headaches or migraines often get relief from Botox®/Dysport®/Xeomin®, a small percent of patients get headaches following treatment with Botox®/Dysport®/Xeomin®, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.

Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.

Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.

Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.

While local weakness of the injected muscles is representative of the expected pharmacological action of Botox®/Dysport®/ Xeomin®, weakness of adjacent muscles may occur as a result of the spread of the toxin.

Treatments: I understand more than one injection may be needed to achieve a satisfactory result.

Another risk when injecting Botox®/Dysport®/ Xeomin® around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.

I will follow all aftercare instructions as it is crucial I do so for healing.

As Botox®/Dysport®/ Xeomin® is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botox®/Dysport®/ Xeomin® than others. In most cases this uneven appearance can be corrected by injecting Botox®/Dysport®/ Xeomin® in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Botox®/Dysport®/ Xeomin® as there are both known and unknown side effects associated with any medication or procedure.

Botox should not be administered to a pregnant or nursing woman. Additionally, The number of units injected is an estimate of the amount of Botox®/Dysport®/ Xeomin® required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botox treatments with the above understood. I hereby release the doctor, the person injecting the Botox®/Dysport®/ Xeomin® and the facility from liability associated with this procedure.

Patient Signature _____ *Date:* _____

Witness _____ *Date:* _____

DIAMONDHEAD DENTAL CLINIC
Dr. Duncan F. Matheson IV

MEDICATION GUIDE
BoNT-A Cosmetic
(Botulinum Toxin, Type A)

Due to the fact that there are now multiple Botulinum Toxin, Type A products on the market, the FDA has required that all Botulinum toxin, Type A products carry a black box warning label to alert the public of possible adverse reactions or side effects of the toxins, as well as proper use of the toxins, and risk factors associated with their use. This is due to the fact that not all Botulinum toxins are created equal, and the public has a right to be made aware of the differences associated with each toxin that is available to you for injection. The 3 Botulinum toxins now available are Botox®, Dysport®, and Xeomin®. This form attached behind is the black box warning that is now required to be present on all BoNT-A package inserts. It is important to note that the every brand of BoNT-A is now required by the FDA to include the black box warning on all of their package inserts as well.

Please read the following form, which is the black box warning now on all package inserts of Botox®, Dysport®, and Xeomin® and sign the bottom stating we have made you aware of these new requirements by the FDA.

I have received a copy of the MEDICATION GUIDE for **BoNT-A** Cosmetic for Injection.

Initial if true _____

Patient Signature: _____ Date: _____

Witness: _____

Dr. _____ Signature: _____

Diamondhead Dental Clinic

(Cosmetic)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received or been offered a copy of this office's Notice of Privacy Practice

Signature (Patient or Responsible party)

Relationship to patient

Date

FINANCIAL AGREEMENT

I acknowledge and take full responsibility for any and all charges related to NSF checks, interest incurred on balance past due, court cost or attorney fees and other efforts to resolve my account. I accept full responsibility for all charges.

Signature (Patient or Responsible party)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please specify)
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