

## Btx-A and Dermal Filler consent form

Name \_\_\_\_\_ Date \_\_\_\_\_

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*Medical History – Please indicate if you have any of the following*

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- Hypersensitivity to Botulinum Toxin A, human albumin, sodium chloride, lactose/milk proteins
- Hypersensitivity to Hyaluronic acid
- Neuromuscular/auto-immune conditions such as Eaton Lambert Syndrome, Multiple Sclerosis, Myasthenia Gravis
- History of severe gram positive infection
- Pregnancy or breastfeeding
- Facial/oral infections
- Recent/current use of spectomycin or aminoglycoside antibiotics eg clindamycin, gentamycin, streptomycin; or other medicines that interfere with the neuromuscular system

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*Have you had any of the following?*

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- Coagulation disorders
- High Dose Vitamin E, aspirin, ibruprofen, Gingko Biloba, St John's Wart or Omega-3 fish oils in the last 14 days
- Pre-existing eyelid/eyebrow ptosis
- Surgical alteration to your facial anatomy
- Peripheral motor neuropathic disease or muscle weakness eg Lou Gehrig's Disease
- Existing scarring
- Keloid scarring
- Cold sores

I (name) \_\_\_\_\_ authorise Dr Lan Tran to perform the following treatment:

Btx-A for

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Dermal filling for

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It understand that use of Btx-A for treatment of Temporomandibular Disorder (TMD) and “Gummy Smiles” is “off label treatment.

I understand the side –effects/complications may include, but are not limited to

- Btx-A
  - Itchiness/burning/stinging pain or tenderness at the injection site
  - Swelling/bruising/redness/bleeding at the injection site
  - Adjacent muscles affected
- Dermal Fillers
  - Itchiness/burning/stinging pain or tenderness at the injection site
  - Swelling/bruising/redness/bleeding at the injection site
  - Vascular occlusion

I have read and understand the complications that may arise. The medical history I have provided is accurate.

Date

X

\_\_\_\_\_ name

## Post-operative Instructions

We would love you to achieve the optimum results, this can be done by following these simple steps

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*For the next 24 hours DO NOT*

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- Rub, massage or manipulate the treated area – these includes facials and dental treatment
- Undertake air travel
- Expose yourself to extremes of temperature, either cold or hot eg saunas

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*For the next 4-6 hours DO NOT*

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- Apply make-up
- Perform exercise
- Drink alcohol
- Lay down – includes massages here you lay face down

Ice (applied intermittently) or Arnica cream may be gently applied (placed but not rubbed) to the area to reduce swelling, or you may take paracetamol for pain.

You will begin to see a difference in 3-4 days, but it may take up to 7-10 days before you have the best result.

Remember to book your enhancement visit 2 weeks from today.

We look forward to seeing you soon.

## Pre-Operative Instructions

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*To achieve optimum results we ask that you prepare by following these simple steps*

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- Avoid alcoholic beverages for at least 34 hours prior to treatment
- Avoid anti-inflammatory or blood thinning medications for two weeks before treatment eg Aspirin, Vitamin E, Gingko Biloba, St John's Wart, Omega-3 Fish Oils, Ibruprofen
- Do not schedule any major event on the day of and for two (2) weeks following the procedure to allow for any bruising or swelling to subside
- Do not apply make-up

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*What can I expect on the day?*

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- Treatment will be administered via several injections across the facial region
- You will be given dental anaesthetics which will cause numbness of parts of your face for several hours before wearing off completely. Refrain from eating until regain feeling.
- You will be swollen which will make treatment appear exaggerated, this subsides dramatically.