

INJECTABLES INFORMED CONSENT

I, _____ authorize a staff person from Smooth Skin Centers to inject me with BOTOX® _____ and/or Juvederm™ _____. In the following form, "I" is the customer whose name appears as authorizer.

BOTOX®: I understand that I will be injected with Outline A Toxin (BOTOX) in the area of the glabellas muscle to paralyze these muscles temporarily or in the forehead or crows feet around the lateral area of the eyes or small wrinkles around the lip. I understand that BOTOX injection has been FDA approved for the use in cosmetic treatment for glabella frown lines only (the wrinkles between the eyebrows). Injection of BOTOX into small muscles between the brows cause those specific muscles to halt their function (be paralyzed), thereby improving the appearance of wrinkles. The goal is to decrease the wrinkles in the treated area. The paralysis is temporary, and re-injection is typically necessary within three to four months.

JUVEDERM™: Juvederm injectable gel is a colorless hyaluronic acid gel that is injected into facial tissue to smooth wrinkles and folds, especially around the nose and mouth. Hyaluronic acid is a naturally occurring sugar found in the human body. The role of hyaluronic acid in the skin is to deliver nutrients, hydrate the skin by holding in water, and to act as a cushioning agent. Juvederm injectable gel is injected into areas of facial tissue where moderate to severe facial wrinkles and folds occur. Juvederm injectable gel temporarily adds volume to the skin and may give the appearance of a smoother surface. Most customers need one treatment to achieve optimal wrinkle smoothing, and the results last about 9 months to 1 year.

I agree to all that I initial:

_____ I consent to the taking of photographs during the course of my injections therapy for healthcare records.

_____ I consent to using my photographs for medical education and/or marketing purposes. My full name will not be used to identify these photographs.

_____ I have provided my past and current medical history and medications and understand it is my responsibility to keep Smooth Skin Centers' Inc. aware of any changes to my medical history and medication usage.

_____ I will not have a chemical peel, facial, microdermabrasion, laser treatment or other aesthetics treatment for a period of one (1) week before or after my BOTOX or six (6) weeks before or after my Juvederm injections without the express, written consent of my injector.

_____ If I have a history of severe allergies marked by a history of anaphylaxis or history or presence of multiple severe allergies, including a history of allergies to Gram-positive bacterial proteins, I have alerted my injector to this fact.

_____ I am not pregnant (female patients).

_____ I have received the after care instructions provided by Smooth Skin Centers.

_____ I understand that it is my responsibility to follow the after care instructions given to me by the Smooth Skin Centers staff (both orally and in written form), and that my failure to adhere to these recommendations may result in complications and contraindications for which I am fully responsible.

_____ The performances of this procedure(s) have been discussed with me, and I understand that my skin's condition may actually temporarily worsen as a result of this treatment.

_____ I understand that for up to four weeks or longer following the injection treatment, temporary side effects may occur, including but not limited to: redness, swelling, blistering, itching, discomfort, bruising and discoloration (hyper- and hypo-pigmentation), back ache, flu-like symptoms including fever, drooping skin including droopy eyelid, and that scarring, while rare, is also possible.

I understand that any discoloration may last 7-14 days or more and swelling should resolve within several days, but may last longer. Discomfort may be treated with the application of cool compress or topical soothing agents, as well as products suggested by Smooth Skin Centers.

I understand that because my body is a living entity, prior experiences and results with Botox and Juvederm are in no way indicative of the outcome of current and future treatments, and that more or less product may be necessary in different injection sites to achieve satisfactory results.

I recognize that the practice of Injectables, including Botox and Juvederm, is not an exact science and acknowledge that no guarantees have been made to me concerning the results of such procedures and thus no monetary refunds will be issued to me.

By signing this form, I understand that complete satisfaction may not be possible, and that multiple treatments may be needed for the best results.

I understand I must give at least an 18-hour cancellation or re-scheduling notice, and that if I am running more than 10 minutes late for a treatment I will need to reschedule my appointment. I understand that if I miss an appointment because I do not come to the office, or if Smooth Skin Centers has to reschedule because I am late that I will be charged at least \$35.

I understand that the injection of Botox and Juvederm is a biological procedure, and as with all biological procedures, I understand that results are varied. I may not seek refunds or damages if I do not see my desired result.

I understand that Smooth Skin Centers, Inc. may need to reschedule my appointment without an 18-hour notice, due to circumstances beyond its control, and this is not grounds for a refund.

I have received, read and understand the after-care instructions provided for by Smooth Skin Centers, Inc.

I have been given the opportunity to ask questions about the procedure(s). My questions have been answered, and I understand the information given to me.

I have read and understood all information presented to me before signing this consent form and hereby releases the injector, as well as Smooth Skin Centers, Inc., its employees and medical director from all liabilities associated with the above indicated procedures.

I agree that if I experience alarm or concern regarding my treatment that I need to immediately both notify and be physically seen by Smooth Skin Centers prior to being seen by any other health care provider in order to get direction and feedback and that if I chose to seek advice elsewhere or self-treat any side effects prior to being seen by Smooth Skin Centers I am 100% responsible for any effect or contraindication that may or may not occur.

Client: _____

Date: _____

Injector: _____

Date: _____