



Neuromodulator (Botox/Dysport/Daxxify) Consent to Treat Form

I have requested that Dr. Carmelo Plateroti D.O., Dr. Allison Pontius MD, Leah Clarke PA-C, Jill Johnson, N.P., Diane Powell, R.N., Nikkole Souza, R.N. administer small amounts of neuromodulators to improve my facial expression lines with Botox Cosmetic, Dysport and/or another neuromodulator brand.

Injections of minute amounts help to relax the muscles and smooth moderate lines that develop on the face over time. Within two weeks you will see marked improvement with the relaxing of the expression lines surrounding the original injection sites.

Although results vary, many patients see up to 3 months of improvement from their Botox treatment.

Side effects and complications have been minimal. Occasionally, slight swelling and/or bruising may last for several days after the injection. Rarely an adjacent muscle may be temporarily weakened for several weeks after an injection.

I have been advised of: The risk involved in such treatment, the expected outcome of such treatment, and alternative treatments, including no treatment at all.

I understand that I will be electronically signing for this consent. I also understand that I may obtain a copy of my consent at any time.

I understand pricing for services is subject to change and services received cannot be refunded.

Terms & Conditions:

I understand pricing for services is subject to change. We do not accept returns or exchanges on gift cards. Services received cannot be refunded. Aesthetic gift cards are redeemable for aesthetic treatments/products only and are not redeemable for cash.

The physician has explained to the patient/family/guardian the nature of the patient's condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches. The physician has discussed the likelihood of major risks or complications of this procedure including the specific risks listed above and (if applicable) drug reactions, hemorrhage, infection, complications from blood or blood components. The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

Signature: _____ Date: _____

Printed name: _____ DOB: _____