

Seena Medspa Botox and Juvederm Consent Form

I, _____, will be having injections to reduce the appearance of dynamic wrinkles. The staff at Seena Spa will perform the procedure. A member of the staff has informed me of alternative procedures, probability of success, and the possible complications and risk.

I understand that the treatment may need to be repeated before the desired results are achieved. In rare cases Botox or Juvederm injections may appear to fail due to the muscle strength. There may be an extra charge for injections. Every effort is made to keep the fragile Botox and Juvederma at maximum potency by the Seena Medspa staff.

I understand that I am to remain vertical for at least 4 hours after the injections.

I understand that I am not to touch the treated area.

I understand that the injection results take 1-3 days to appear and the maximum effect develops within 7 days of the procedure.

I understand that the effect of the botox injections last 3-6 months and may have to be repeated. Juvederm last 6 months to a year.

I understand that with all injections there may be some bruising. Bruising is more likely if you take Aspirin, Anti-inflammatory medication, Vitamin E, and/or Green tea.

Photographs of the area may be taken for my chart and future comparison

I understand that I am receiving a botulism toxin and that has certain risks such as

Pain, burning, and stinging sensation may appear at the site of the treatment

Infection can occur after the injections

A headache can occur after injections

I could develop an unwanted eyebrow shape

I could develop a drooping of the brow, or eyelids.

This usually resolves by itself over a few weeks.

There are certain wrinkles on the face that cannot be tread with injections

7. Poor cosmetic outcome is always possible

8. Recurrence of the original problems at the treated sites is probable.

Possible benefits of this treatment are:

Injections can reduce dynamic wrinkles

Injections can be effective in preventing static wrinkles (wrinkles at rest)

There have been reports of Botox reducing the severity of headaches in some people.

If I have and questions regarding the procedure, I may contact Seena Medspa at anytime by calling 817.509.0405.

I understand this treatment is entirely voluntary on my part. I understand that there will be a charge for this and all consecutive treatments.

I understand that I am making a decision to undergo the treatment described in the preceding sections and I am subject to the conditions of participation described above.

My signature indicates that I have decided to receive the treatment, having read and understood the information presented above and having been given the opportunity to ask any questions that I have about the procedure. I understand that there is no quarantine provided with these treatments and that the results of treatment may not meet my expectation. I understand that Seena Medspa's staff and Physicians are under no obligation to refund any fees paid for services provided in the event if I am not satisfied with my treatment. I have received the pre and post treatment instructions, I understand them, and I understand that deviation from these instructions may increase my risk of adverse side effects and reduce benefits of treatment.

Print Name _____

Signature _____

Date _____

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