



INJECTION OF BOTULINUM TOXIN TYPE A : JEUVEAU® CONSENT

Patient Name : _____ **Date :** _____

Jeuneau® (Botulinum Toxin Type A) has been approved by the FDA for the treatment of wrinkles, produced by over active facial muscles occurring above the nose and around the eyes and brow area. The injection of this medication in such areas can cause the muscles to temporarily weaken, thereby improving the appearance of wrinkles. Jeuneau® has been commonly and safely used by thousands of patients. Successfully treated wrinkles include frown lines, crow's feet, and other expression lines caused by muscle activity. This treatment, however, does not eliminate wrinkles due to loose or sagging skin.

You may notice results in as little as 3-5 days, with peak efficacy being in 2-3 weeks. Jeuneau® is effective for 3-6 months. If desired, the treatment may be repeated. Some patients require more than one treatment to achieve full results. With continued treatment, the effects of Jeuneau® may last up to 9 months.

It is necessary to keep your head and neck upright for 4 hours after treatment. During this time, do not lay down or press/manipulate treated areas.

Initial: _____

Patients with certain medical conditions should not have Jeuneau®. These include those with any type of facial paralysis such as Bell's Palsy, Myasthenia Gravis, multiple sclerosis, Guillain-Barre Syndrome, or other neurological conditions. Those taking blood thinners, NSAIDS, or aspirin should notify my injector at Laser Lounge Med Spa, as blood thinners will increase your risk of bleeding or bruising post procedure. If you are pregnant, breastfeeding, or planning to become pregnant in the next 3 months, you should not have Jeuneau®. If you are taking mycin antibiotics (gentamycin, tobramycin, spectinomycin, neomycin, kanamycin, or amikacin) please notify your injector at Laser Lounge Med Spa.

Initial: _____

The most common side effects of Jeuneau® are temporary bruising and swelling at the injection sites. Other possible side effects include rash or a brief headache. Patients have often commented that after Jeuneau®, there is a decrease in tension headaches, due to the increased relaxation in the treated muscles. In rare cases, the medication may spread to other nearby muscles, and may cause temporary ptosis (drooping) of an eyelid, or unevenness of an eyebrow. These effects are not permanent and are usually resolved in 2-4 weeks. In some patients, Jeuneau® injection may not have a significant effect or last as long as expected. In those cases, augmentation (touch up) treatment usually yields improved results.

Initial: _____

I certify that I have read and understand the above consent and that I have had my questions answered to my satisfaction. I understand that the decision to have Jeuveau® is solely mine and I consent to treatment and consent to treatment. I understand that with this treatment there are no guarantees of results or any degree of improvement of any particular condition and that there are no refunds offered under any circumstances. I hereby assume all risks, hazards, and costs, of care or expense associated with or which may arise from such treatment, hereby releasing the personnel and consultants and any sponsoring health care facility institution and its affiliates and all of their agents and employees from any liability from said treatment except where such risks and hazards are the proximate result of gross negligence. This constitutes full disclosure and supersedes any previous verbal or written disclosures, advertising or marketing materials prepared by Laser Lounge Med Spa or other. It is understood that our programs specialty services and do not have responsibility for your comprehensive medical care.

If you have any medical conditions that arise while participating, please keep us informed. If an urgent medical problem arises and you have a concern that it may be related to your care at Laser Lounge Med Spa, please contact us at (512) 863-2118 after first contacting your primary care physician or your local emergency department.

Patient Signature : _____ **Date :** _____

Injector Signature : _____ **Date :** _____