WEBSTER FAMILY CARE

Webster Family Care

Dermal Filler Consent Form

Risks and Complications include but are not limited to:

1. Facial Bruising, redness, swelling, itching and pain. These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, Warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.

2. Nodules and palpable material. You may be able to feel the filler material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.

3. Migration. Filler may move from the place where it was injected.

4. Infection: All transcutaneous procedures carry the risk of infection.

5. History of Herpes Infection. Filler carries the risk of a recurrence of an outbreak of herpes and that outbreak could be severe in nature.

6. Allergic Reactions.

7. Keloids/Scarring. Known susceptibility to keloid formation or hypertrophic scarring has not been studied.

8. Accidental Injection into a blood vessel. Filler can accidentally be injected into a blood vessel, which may block the blood vessel and cause local tissue damage or potentially even a heart attack, stroke, or blindness.

9. Radio-Opacity. If using Radiesse, it is radio-opaque and is visible on CT Scans and may be visible in x-rays.

10. Duration of Effect. The outcome of treatment will vary among patients. In some instances, additional treatments may be necessary to achieve desired outcomes.

11. Concomitant Dermal Therapies. I understand that the safety of dermal fillers with concomitant dermal therapies such as epilation, UV radiation, laser, mechanical or chemical peeling procedures, massage, use of clarisonic skin cleansing brush has not been evaluated in controlled clinical trials. The use of any of these procedures is not recommended as such treatments may alter the characteristics of the filler.

12. It is not recommended that you have dermal fillers injected if you are nursing or pregnant.

13. Sun Exposure. Sun exposure should be minimized for approximately 24 hours after treatment or until any initial swelling or redness goes away.

I understand that there is no guarantee of any particular results of any treatment.

All services rendered will be charged directly to me and I am personally responsible for payment.

By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my doctor to my satisfaction, and consent to the treatment described above with its associated risks.

I hereby release the doctor, and the facility from liability associated with this procedure.

Patient Signature_____ Date:_____

Witness_____ Date:_____

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Post-Treatment Instructions Dermal Filler

- Avoid significant movement or massage of the treated area. Unless instructed by the provider.
- Avoid strenuous exercise for 24 hours.
- Avoid extensive sun or heat for 72 hours.
- Avoid consuming excess amounts of alcohol or salts to avoid excess swelling.
- If you have swelling you may apply a cool compress for 15 minutes each hour.
- Use Tylenol for discomfort.
- Try to sleep face up and slightly elevated if you experience swelling.
- Take Arnica to help the bruising and swelling, start at least 2 days prior to injections.

Webster Family Care Pre-Injectable Instructions

In order to minimize the risk of possible side effects and complications of injections **please follow these simple steps:**

Pre-Treatment Instructions

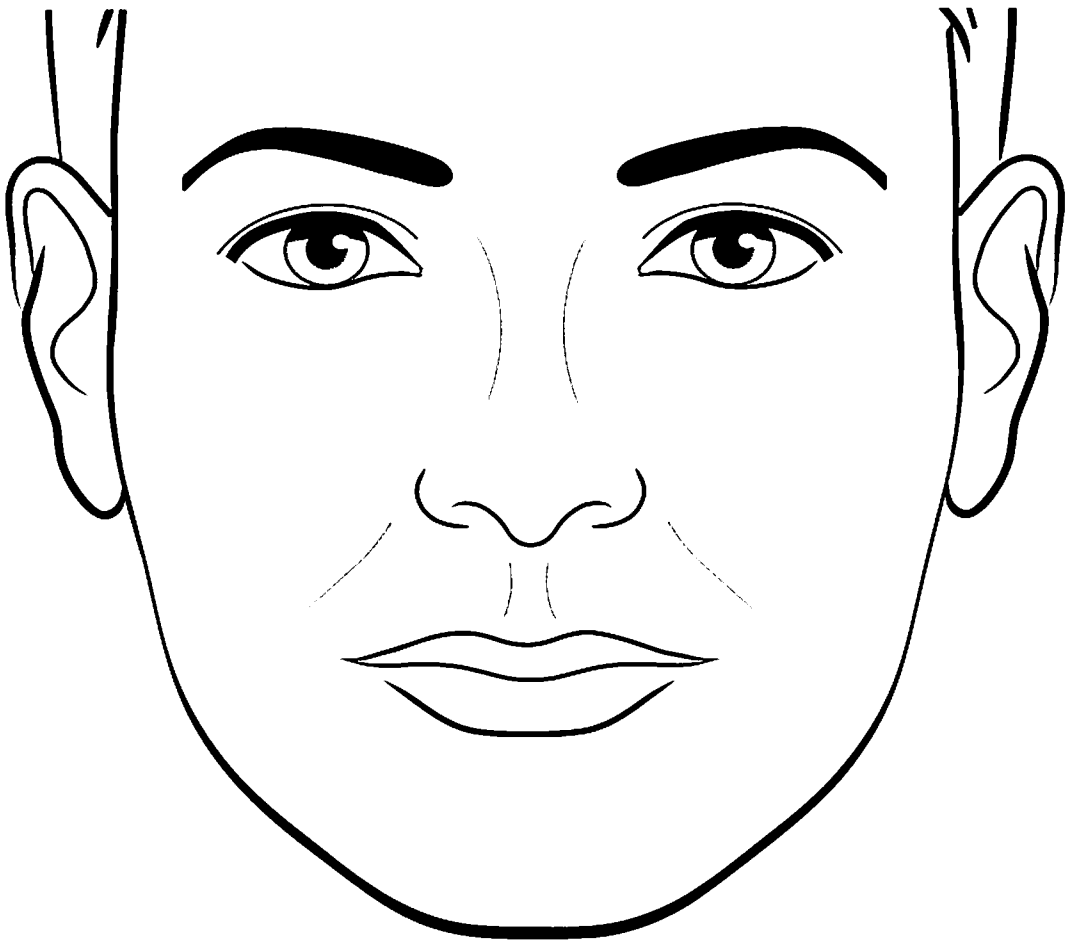
- Do NOT consume alcoholic beverages at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising)
- Avoid anti-inflammatory/blood thinning medications, if possible for a period of 2 weeks before treatment. Medications and supplements such as aspirin, vitamin E, ginkgo biloba, ginseng, St. John's Wort, Omega 3/Fish Oil supplements, Ibuprofen, Motrin, Advil, Aleve and other NSAIDS have a blood thinning effect and can increase the risk of bruising and swelling after injections.
- Schedule your Dermal Filler and Botox appointment at least 2 weeks prior to a special event which you may be attending, such as a wedding or a vacation. Results from the Dermal Filler and Botox injections will take approximately 4 to 7 days to appear. Also bruising and swelling may be apparent in that time period. Sculptra does take longer to see results so plan accordingly with your provider.
- Discontinue Retin-A 2 days before and 2 days after treatment.
- Reschedule your appointment at least 24 hours in advance if you have a rash, cold sore or blemish on the area.
- If you have a history of cold sores please let your provider know, they may put you on an anti-viral medication prior to treatment.
- Be sure to have a good breakfast, including food and drink before your procedure. This will decrease the chances of lightheadedness during your treatment.
- You are not a candidate if you are pregnant or breastfeeding.

MERZ AESTHETICS®

FILLER TREATMENT RECORD

Patient Name / ID: Date of Injection:

Anesthesia: Product:



Lot Number: Expiration Date:

Product size / total amount used: Total per Treatment Area:

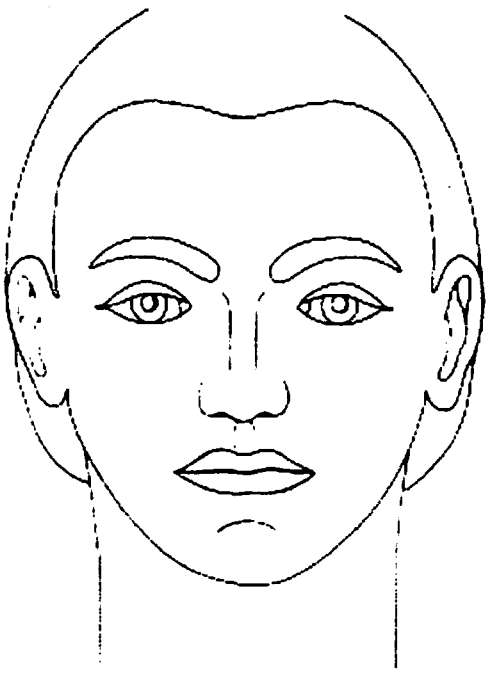
Notes/ Lot Stickers:

Practitioner Signature:

To report a problem with a Merz filler,
please call 1-866-862-1211 or email the information to US-DSPV@merz.com.

[redacted]

Botulinum Toxin Treatment Form



Units of Botulinum Toxin to RELAX muscles in the following areas:

Botox	Dysport	Jeuveau	Xeomin	
				Frontalis
				Glabellar Complex
				Depressors of lateral eyebrows
				Periorbital lines
				Infraorbital lines
				Nasalis
				Perioral Lines
				Depressor Angularis Oris
				Mentalis
				Platysma
				Masseter
				Total Units

Consent Signed	**yes**	**no**
Photos taken	**yes**	**no**
Post Procedure information provided	**yes**	**no**
Follow-up scheduled	**yes**	**no**

DATE:

PROVIDER SIGNATURE: _____

Webster Family Care

POST TREATMENT BOTOX

- Do NOT manipulate the treated area for 3 hours following treatment. Do NOT receive facial/ laser treatments or microdermabrasion after Xeomin injections for at least 10 days. Ask your provider if you are not sure about the time frame of certain services.

- Some providers believe that smiling and frowning right after Xeomin treatments helps the Botox find its way to the muscle into which it was injected after treated.

- Do NOT lie down for 4 hours after your Xeomin treatment. This will prevent the Xeomin from tracking into the orbit of your eye and causing drooping eyelids.

- It can take approximately 4 to 7 days for results to be seen. If the desired result is not seen after 2 weeks of your treatment you may need additional Xeomin. You are charged for the amount of product used. Therefore, you will also be charged for product used during any touch up or subsequent appointments.

- Do NOT perform activities involving straining, heavy lifting, or vigorous exercise for 6 hours after treatment. This will keep the Botox in the injected area and not elsewhere.

MERZ AESTHETICS™

XEOMIN® (incobotulinumtoxinA) Treatment Patient Informed Consent Form

I, _____ understand that I will be injected with XEOMIN® (incobotulinumtoxinA) in the glabellar lines.

XEOMIN® is an acetylcholine release inhibitor and neuromuscular blocking agent indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adult patients.

Risks and complications that may be associated with injection with XEOMIN® (incobotulinumtoxinA) include, but are not limited to:

1. **Headaches**: I understand that headaches are possible and usually last one day but may persist longer in a very small percentage of patients.

2. **Injection Site Bruising**: I understand that bruising in soft tissues is possible as a result of the needle puncture of the skin. Bruising can last for several hours, days, weeks, months and, in rare cases, the effect of bruising could be permanent.

3. **Facial Paresis (Eyelid Ptosis)**: I understand that local weakness of the injected muscles is the expected pharmacological action of XEOMIN® and weakness of adjacent muscles may occur which may result in temporary eyelid "drooping."

4. **Injection Site Bruising, Pain, Swelling, Rash, Local Numbness**: I understand that there is a risk of bruising, redness, swelling, itching and pain associated with the procedure. These symptoms are usually mild and last less than a week but can last longer. Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.

5. **Eye Disorder**: **I understand that injections of XEOMIN® may cause reduced blinking or effectiveness of blinking, and that I should seek immediate medical attention if eye pain or irritation occur following treatment.** An inability to blink the eyelids normally may result in corneal exposure and has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. The reduced ability to blink has been associated with corneal ulcerations. These side effects can last for several weeks or longer.

6. **Infection**: As with all transcutaneous procedures, I understand that injection of any material carries the risk of infection.

7. **Hypersensitivity**: XEOMIN® is contraindicated in patients with a known hypersensitivity to the active substance botulinum toxin type A or to any of the components in the formulation such as human serum albumin. Hypersensitivity reactions have been reported with botulinum toxin products (anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea).

8. **Swallowing and Breathing Difficulties**: I understand that treatment with XEOMIN and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. These reactions can occur within hours to weeks after injection with botulinum toxin. Seek immediate medical care if swallowing, speech or respiratory disorders arise.

9. **Pregnancy and Nursing**: There are no adequate and well-controlled studies of XEOMIN® in pregnant or nursing women.

If you experience loss of strength, muscle weakness, blurred vision, or drooping eyelids occur, avoid driving a car or engaging in other potentially hazardous activities.

No studies of interactions of XEOMIN® with other drugs or substances or implants have been conducted.

Patient Acknowledgements:

This above list is not meant to be inclusive of all possible risks associated with XEOMIN® (incobotulinumtoxinA) as there are both known and unknown side effects and complications associated with any medication. I understand that medical attention may be required to resolve complications associated with my injection.

I confirm that I have received and reviewed the XEOMIN® Medication Guide. I confirm that I have discussed the potential risks and benefits of XEOMIN® with my doctor and that my doctor has satisfactorily answered all of my questions. I understand that there is no guarantee of any particular results of any treatment. I understand the results of treatment with XEOMIN® are temporary.

I acknowledge that I am not pregnant or possibly pregnant, lactating or nursing.

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should they be required. By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my doctor to my satisfaction, and consent to the treatment described above with its associated risks. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the doctor, the person performing the XEOMIN® injection and the facility from liability associated with this procedure.

Patient Signature _____ Date _____

Witness Signature _____ Date _____

Witness Address: _____

_____

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WARNING: DISTANT SPREAD OF TOXIN EFFECT

Postmarketing reports indicate that the effects of XEOMIN (incobotulinumtoxinA) for injection, for intramuscular use, and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses, including spasticity in children and adults, and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat cervical dystonia and at lower doses.

Please see Patient Medication Guide (following pages).