

ELEVATED IMAGE

Advanced Medical Aesthetics & Primary Care • Joshua Le, DO

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INFORMED CONSENT FOR NEUROTOXIN (BOTULINUM TOXIN) INJECTION

Xeomin® (incobotulinumtoxinA) • Daxxify® (daxibotulinumtoxinA-lanm)

Patient name		Date of birth	
Date of treatment		Provider	Joshua Le, DO

Product for this visit: ☐ Xeomin ☐ Daxxify

1. The Products & How They Work

Xeomin (incobotulinumtoxinA) and Daxxify (daxibotulinumtoxinA-lanm) are prescription botulinum toxin type A products. Injected in small amounts into specific muscles, they temporarily block nerve signals to those muscles, relaxing them and softening the dynamic wrinkles created when you frown, squint, or raise your brows. Xeomin is a highly purified toxin without complexing proteins; Daxxify uses a peptide stabilizer and is formulated for a potentially longer duration of effect. The product used for my treatment is noted above.

2. Areas Treated & Off-Label Use

I understand my treatment may include one or more of the following areas:

☐ Frown lines (glabella) ☐ Forehead lines ☐ Crow's feet ☐ Bunny lines ☐ Brow lift ☐ Lip flip / perioral ☐ Chin (mentalis) ☐ DAO / marionette ☐ Masseter (jaw/TMJ) ☐ Neck (platysmal bands) ☐ Other: _____

The FDA has approved these products for frown lines (glabellar lines). Treatment of other areas listed above is common and accepted in practice but is considered "off-label" — meaning it is not an FDA-approved indication for these specific products. I understand and consent to off-label use where applicable.

3. Expected Results, Onset & Duration

- Onset:** Effects usually begin in 2–7 days, with full effect around 2 weeks. A touch-up may be done at the 2-week visit if needed.
- Duration:** Results are temporary — typically about 3–4 months for Xeomin and up to ~6 months for Daxxify. Duration varies by person, area, and dose. Repeat treatments are needed to maintain results.
- No guarantee:** Individual results vary, and a specific outcome cannot be guaranteed.

4. Alternatives

Alternatives include: no treatment; topical skincare; dermal fillers or other injectables; energy-based skin treatments; and surgical options. These have their own benefits, risks, and limitations.

5. Medical History & Contraindication Screening

Please answer honestly. Any "Yes" may require clearance, delay, or make you ineligible. Tell your provider if any answer changes before treatment.

Are you pregnant, trying to conceive, or breastfeeding?	Yes ☐ No ☐
Do you have a known allergy to botulinum toxin or any product ingredient?	Yes ☐ No ☐
Do you have a neuromuscular disorder (e.g., myasthenia gravis, Lambert-Eaton syndrome, ALS)?	Yes ☐ No ☐
Have you had a prior reaction, or reduced/absent response, to any botulinum toxin?	Yes ☐ No ☐
Do you take aminoglycoside antibiotics, muscle relaxants, or other drugs affecting nerve-muscle signaling?	Yes ☐ No ☐
Do you take blood thinners or antiplatelets (warfarin, aspirin, clopidogrel, NSAIDs, fish oil)?	Yes ☐ No ☐
Any active infection, inflammation, or skin condition at the injection site?	Yes ☐ No ☐
History of dry eyes, eyelid droop (ptosis), or Bell's palsy / facial nerve weakness?	Yes ☐ No ☐
Any difficulty swallowing or breathing problems?	Yes ☐ No ☐
Recent facial filler, surgery, or energy-based treatment in the area (past 2 weeks)?	Yes ☐ No ☐

List any medications, supplements, allergies, or medical conditions not noted above: _____

6. Risks and Potential Side Effects

While botulinum toxin is widely used and generally safe, risks and side effects include, but are not limited to:

- **Injection-site reactions:** Pain, redness, swelling, bruising, tenderness, or small bumps.
- **Headache and flu-like symptoms:** Temporary headache, fatigue, or nausea.
- **Eyelid or eyebrow droop (ptosis):** Temporary drooping or a heavy brow, usually lasting a few weeks.
- **Asymmetry or uneven result:** Uneven expression, or a "frozen" or over-relaxed look.
- **Unintended muscle weakness:** Spread to nearby muscles affecting the smile, eye closure, or other expressions.
- **Eye effects:** Dry eye, excessive tearing, blurred or double vision.
- **Difficulty swallowing/speaking/breathing:** Rare, more relevant with neck injection — seek care if it occurs.
- **Allergic reaction:** Rare, and very rarely severe (anaphylaxis).
- **Reduced effect over time:** The body can form antibodies, lessening response with repeated use.
- **Temporary result / touch-up:** Under- or over-correction is possible; the effect wears off and repeat treatment is needed.

IMPORTANT SAFETY WARNING: Botulinum toxin carries a boxed warning that its effects may, in rare cases, spread from the injection area and cause serious symptoms hours to weeks later — trouble swallowing, speaking, or breathing, or generalized muscle weakness. These are very uncommon at cosmetic doses. Seek emergency care (call 911) if they occur, and notify the clinic at 206-395-4748.

7. Pre- & Post-Treatment Instructions

- Before treatment, avoid blood thinners, NSAIDs, alcohol, fish oil, and vitamin E as directed to reduce bruising.
- For ~4 hours after, stay upright and avoid lying down; do not rub, massage, or apply pressure to the treated areas.
- For ~24 hours, avoid strenuous exercise, saunas, hot tubs, and excessive heat.
- Gently exercising the treated muscles (e.g., frowning) for a short time after treatment is fine unless told otherwise; avoid facials, lasers, or microneedling in the area for ~2 weeks.
- Effects take days to appear; do not judge results until ~2 weeks, and attend any touch-up/follow-up visit.

8. Photography & Records

I consent to clinical photographs before and after treatment for my medical record, dosing reference, and evaluation of results. Any use beyond my record (education, training, marketing) will occur only with my separate written authorization.

9. Financial Acknowledgment

I understand this is an elective cosmetic treatment not covered by insurance, priced per unit or per area as disclosed to me, and that payment (including any touch-up policy) is my responsibility. Product, once drawn up or injected, is non-refundable.

10. Patient Acknowledgments

- The procedure, its benefits, risks, and alternatives (including no treatment) have been explained to me.
- I understand some areas are treated off-label and I consent to this.
- I understand results are temporary, vary by person, and repeat treatments are needed; no guarantee has been made.
- The information I have provided in the screening above is true and complete to the best of my knowledge.
- I am not pregnant or breastfeeding, or I have disclosed this to my provider (if applicable).
- I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.
- I understand I may withdraw my consent at any time.

11. Consent to Treat

By signing below, I acknowledge that I have read and understand this consent, that my questions have been answered to my satisfaction, and I consent to receive Xeomin and/or Daxxify neurotoxin injection(s) performed by Joshua H. Le, DO, and/or his designated clinical staff.

Patient signature

Date

Provider signature (Joshua Le, DO)

Date

Office Use — Treatment Record

Product	Area(s)	Units	Lot #	Exp. date

Total units: _____ Diluent/volume: _____ Injector initials: _____