

AGELESS
AESTHETICS

THE
COMPLETE
GUIDE

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AGELESS AESTHETICS

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POLICIES & PROCEDURES

BOOKING

To book an appointment please click the booking link to select your desired service and choose a date and time. You will then receive an email to create a client portal (first time clients only). This is a HIPPA compliant portal to access your file and create/book future appointments as well as access pre and post procedure FAQs/information. Please also fill out all requires procedure consents PRIOR to your in-person appointment. All consent questions/concerns will be addressed during your scheduled appointment.

When you book your appointment, an initial deposit is required via credit card. This initial fee immediately goes to your “AR wallet” where I will be deducted from the total cost of your procedure.

CANCELLATIONS

Cancellations/no-shows will be charged a \$100 fee via the credit card initial utilized for the deposit fee. Please contact the business line at 401-757-0889 if you must cancel during the 24 hours leading up to your appointment. If you are able to reschedule within the next 14-20 business days the \$100 cancellation fee will be transferred to your AR wallet to utilize on your next service.

FOLLOW-UPS

All neurotoxin clients are highly encouraged to schedule, and attend follow up appointments 2-3 weeks after initial treatment to assess for areas of movement that may need additional treatment. We do not add additional Botox or Dysport until it has been at least 14 days (or 2 weeks) as the product sometimes takes up to 2 weeks to achieve full effect. If we treat within the 2 week period we risk over treating and distortion of the muscle movement/facial symmetry.

HA filler follow up appointments should be scheduled for 3-4 weeks after initial treatment.

POLICIES & PROCEDURES *continued*

HIGH RISK CLIENTELE

If you are a high risk medical patient, meaning that you have significant *comorbidities such as diabetes, glaucoma, allergies, sensitivities, etc. Please take the time to consult with your medical team prior to inquiring about injectable services. A letter from your medical team stating that it is safe to receive injectables is highly encouraged. You will also be required to sign our “high risk client” liability waiver prior to initial treatment. Here at Ageless Aesthetics & MedSpa LLC, our number one priority is your safety and wellbeing.

**co-mor-bid-i-ty (n.)*

1. *the simultaneous presence of two or more diseases or medical conditions in a patient.*
2. *"age and comorbidity may be risk factors for poor outcome"*
 - o *a disease or medical condition that is simultaneously present with another or others in a patient - "patients with cardiovascular or renal comorbidities"*

PAYMENT

Acceptable forms of payment include cash or credit/debit card.
Checks, money orders, or money transfer apps are not accepted at this time.



WHY BOTOX/DYSPORE?

Botox hit the market in 1999. It is one of the most studied and safest neurotoxins for use today...

Botox and Dysport are known as neurotoxins. There is a slight molecular difference in how each is comprised however their mechanism of action is the same, which is to block nerve impulses or communication to the muscles. When we utilize neurotoxins such as Botox/Dysport, it causes the muscle contraction to weaken, thus subsequently reducing the development of fine lines and wrinkles. In other words, when our muscles are constantly engaged and moving, it is creating wrinkle formation of the surrounding skin. Starting the neurotoxin process in your 20s or 30s is the deal because it prevents wrinkle formation when it is at its most minimal formation, or sometimes before it has formed at all. Over time, excessive wrinkle formation creates the illusion that we appear older than our chronological age (actual birth date) and can make our face appear dull and tired.

In summary, start this process young. Your 60- and 70-year-old self will thank you. If you are starting this process in your middle or later decades of life, beautiful results are still well within reach!

Once we have achieved your desired treatment goals, it is imperative to begin a maintenance regimen. Keeping up with regularly scheduled maintenance appointments every 3-4 months (depending on your gender, activity level, metabolism, etc.) will save you money long-term. Once full muscle movement and wrinkles return, it will require maximum dosage to start the process all over again.



neurotoxin

PRE-TREATMENT INSTRUCTIONS

It is prudent to follow some simple guidelines before treatment that can make all the difference between a fair result or great result, by reducing some possible side effects associated with the injections.

We realize this is not always possible; however, minimizing these risks is always desirable.

- Avoid Alcoholic beverages at least 24 hours prior to treatment (Alcohol may thin the blood increasing the risk of bruising).
- Avoid Anti-inflammatory / Blood Thinning medications ideally, for a period of two (2) weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Gingo Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS (non-steroidal anti-inflammatory drugs) are all blood thinning and can increase the risk of bruising/swelling after injections.
- Schedule your Neurotoxin appointment at least 2 weeks prior to a special event which may be occurring, i.e., wedding, vacation, etc. etc. It is not desirable to have a very special event occurring and be bruised from an injection.
- You will need to reschedule your appointment if you are on antibiotics for an infection. It is also necessary to reschedule your appointment if you have a fever or had a fever in the last 48 hours.



neurotoxin

POST-TREATMENT INSTRUCTIONS

The guidelines to follow post treatment have been followed for years...

...and are still employed today to prevent the possible side effects of ptosis. These measures should minimize the possibility of ptosis by almost 98%.

- No straining, heavy lifting, vigorous exercise for 3-4 hours following treatment. It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve to start its work, and because we do not want to increase circulation to that area to wash away the neurotoxin from where it was injected. This waiting period continues to be recommended by most practitioners.
- Avoid Manipulation of area for 3-4 hours following treatment. (For the same reasons listed above.) This includes not doing a facial, peel, or micro-dermabrasion after treatment with Neurotoxin for 3 days. A facial, peel, or micro-dermabrasion can be done in the same appointment only if they are done before the Neurotoxin.
- Do not lie down or bend over for 3-4 hours following treatment. (This instruction has been employed for years by some practitioners.
- Avoid having a facial or massage for 3 days.
- Do not wear a hat or helmet for 3 days.
- It can take 2-10 days to take effect and 2 weeks for full effect. It is recommended that the patient contact the office no later than 3 weeks after treatment if desired effect was not achieved and no sooner than 2 weeks to give toxin time to work.

Makeup may be applied before leaving the office. Some practitioners recommend avoiding Retin-A, Glycolic acid, Vitamin C, and Kinerase for 24 hrs to the treated areas.



INJECTABLES CONSENT

I consent to having my pictures and/or videos taken and stored in this clinic systems. Such photographs and videos will not be used for any purpose except internal training without my express permission. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment prior to receiving services.

I further agree in the event of non-payment, cancellation of payment or any payment issues, to bear the cost of collection, and/or the court cost and legal fees, should those be required. I consent to being signed up for the rewards programs so I can earn free points to get discounts on my treatments. I consent to email, text and phone communications related to post procedure care and follow-ups. I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving this treatment. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine. I am completely of sound mind and am fully aware of all the risks and possible complications of this procedure.

I understand this procedure is one hundred percent voluntary. I acknowledge that no guarantee has been given regarding the results that may be obtained. I have read the material given to me and I am fully satisfied that all of my questions and concerns have been addressed. I understand that I am required to attend post-procedure check-ups as advised by provider and that I am required to follow all post treatment instructions. I have received and fully understand the post treatment instructions. I have advised my provider of my medical history including all previous medical conditions and medications currently being taken.

Alternatives to the procedures and options that I am choosing to get today have been fully explained to me. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications and injury. I am aware that there may be other risks or complications not discussed that may occur. I also understand that during the course of the proposed procedure, unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. I understand there are no refunds and that multiple treatments are often required to achieve noticeable and lasting outcomes. I also understand that promotional items have no refund value.

By accepting and signing, I acknowledge that I have read this informed consent, I understand it, and I agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent treatments with the above understood. I hereby release my provider performing the treatment and clinic from liability associated with this procedure. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I also state that I read and write in English.

INJECTABLES CONSENT *continued*

I hereby consent to the Botulinum Toxin Injection and Dermal Filler Treatment and hereby authorize the provider to perform the Botulinum Toxin Injection and Dermal Filler Injection Treatment. I understand that I will be injected with Botulinum A Toxin in the area of the facial muscles to paralyze these muscles temporarily or in the forehead or crow's feet around the lateral area of the eyes. I understand my treatment may include both FDA approved locations as well as commonly performed cosmetically treated areas based on desired effects. Botulinum A Toxin injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines "11" the wrinkles between the eyebrows and crow's feet. I understand there are other risks for the non-FDA approved uses of Botulinum A Toxin. Injection of Botulinum A Toxin into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and typically lasts three to four months although longevity varies amongst individuals. It has been explained to me that other alternatives are available.

Dermal Filler: I hereby authorize a Moksha Aesthetics designated medical provider to perform Dermal Filler Injection procedure or treatment. I am aware that there are potential side effects from the use of dermal fillers. It has been explained to me that these side effects are primarily temporary, there are several side effects that may be permanent such as blindness Although rare, you have been informed blindness and death could happen.

My provider has also informed me that other side effects may include: skin redness, bruising, and bleeding, skin lumpiness, irregularities, granulomas, infection asymmetry, skin necrosis, swelling, needles marks that maybe not go away, scarring, keloids, migration of product, severe allergic reactions- including anaphylactic respiratory distress. Also skin hypersensitive, injury to surrounding structures and tissues, vascular occlusion, HSV/cold sore outbreak, blindness, delayed skin infection/nodule formation/ latent swelling, and death.

The possible side effects of Botulinum A Toxin include but are not limited to: Local numbness, rash, pain at the injection site, flu like symptoms, headache Infection: Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur. Bruising may occur and may last several weeks Most people have lightly swollen pinkish bumps at injection sites for a couple of hours or even several days. Although many people with chronic headaches or migraines often get relief from Botulinum A Toxin, a small percent of patients get headaches following treatment with Botulinum A Toxin, most commonly on the first 1-7 days. In a very small percentage of patients these headaches can persist for several days or weeks. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin. While local weakness of the injected muscles is representative of the expected pharmacological action of Botulinum A Toxin, weakness of adjacent muscles may occur as a result of the spread of the toxin. Treatments: I understand more than one injection may be needed to achieve a satisfactory result. Another risk when injecting Botulinum A Toxin around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye.

INJECTABLES CONSENT *continued*

This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients. I will follow all aftercare instructions as it is crucial I do so for healing. As Botulinum A Toxin injection is not an exact science and facial anatomy and symmetry are highly variable from patient to patient, there might be an uneven appearance of the face with some muscles more affected by the Botulinum A Toxin than others. In most cases this uneven appearance can sometimes be corrected by injecting Botulinum A Toxin in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months until the full effects of the product have subsided. This list is not meant to be inclusive of all possible risks associated with Botulinum A Toxin as there are both known and unknown side effects associated with any medication or procedure. Botulinum A Toxin should not be administered to a pregnant or nursing woman. Additionally, the number of units injected is an estimate of the amount of Botulinum A Toxin required to paralyze the muscles. I understand there is no guarantee of results of any treatment. As with all injectable treatments, there is a risk of infection, vessel occlusion, granulomas, abscess formation and hypersensitive reaction. Approved Uses Botulinum A Toxin is a prescription medicine that is injected into muscles and used to temporarily improve the look of both moderate to severe crow's feet lines and frown lines between the eyebrows in adults.

IMPORTANT SAFETY INFORMATION Botulinum Toxin may cause serious side effects that can be life threatening. Get medical help right away if you have any of these problems any time (hours to weeks) after injection of Botulinum Toxin: Problems swallowing, speaking, or breathing, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months Spread of toxin effects. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and Approved Uses Botulinum Toxin is a prescription medicine that is injected into muscles and used to temporarily improve the look of both moderate to severe crow's feet lines and frown lines between the eyebrows in adults.

IMPORTANT SAFETY INFORMATION Botulinum Toxins may cause serious side effects that can be life threatening. Get medical help right away if you have any of these problems any time (hours to weeks) after injection of Botulinum Toxin: Problems swallowing, speaking, or breathing, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months Spread of toxin effects. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, trouble swallowing Botulinum Toxin dosing units are not the same as, or comparable to, any other botulinum toxin product.

INJECTABLES CONSENT *continued*

There has not been a confirmed serious case of spread of toxin effect when Botulinum Toxin has been used at the recommended dose to treat frown lines, crows feet lines, or both at the same time. Botulinum Toxin may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of taking Botulinum Toxin. If this happens, do not drive a car, operate machinery, or do other dangerous activities. Serious and/or immediate allergic reactions have been reported. They include: itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Get medical help right away if you are wheezing or have asthma symptoms, or if you become dizzy or faint. Do not take Botulinum Toxin if you: are allergic to any of the ingredients in Botulinum Toxin; had an allergic reaction to any other botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); have a skin infection at the planned injection site. Tell your doctor about all your muscle or nerve conditions, such as ALS or Lou Gehrig's disease, myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including difficulty swallowing and difficulty breathing from typical doses of Botulinum Toxin. Tell your doctor about all your medical conditions, including: plans to have surgery; had surgery on your face; weakness of forehead muscles: trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; are pregnant or plan to become pregnant (it is not known if Botulinum Toxin can harm your unborn baby); are breast-feeding or plan to (it is not known if Botulinum Toxin passes into breast milk). Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal products. Using Botulinum Toxin with certain other medicines may cause serious side effects. Do not start any new medicines until you have told your doctor that you have received Botulinum Toxin in the past.

Tell your doctor if you have received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as Myobloc®, Dysport®, or Xeomin® in the past (tell your doctor exactly which product you received); have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take aspirin-like products or blood thinners. Other side effects of BOTOX® Cosmetic include: discomfort or pain at the injection site; headache; and eye problems: double vision, blurred vision, drooping eyelids, and swelling of your eyelids



INJECTABLES CONSENT *continued*

INFORMED CONSENT – INJECTABLES

1. I have read the information sheets and hereby authorize Moksha Aesthetics' injectors to perform the following procedure(s) or treatment(s): Botulinum Toxin Injections, Dermal Filler Injections.
2. I understand what my medical provider can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
3. I understand that multiple treatments are necessary to achieve desired results. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment.
4. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and /or court cost and reasonable legal fees, should this be required. No refunds will be given for treatments received.
5. I have read and understand the Pre- and Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre- and post-procedure guidelines are crucial for healing, and prevention of side effects and complications as listed above.
6. I consent to be photographed or televised before, during, and after the procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
7. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
8. I attest that I am not aware that I am pregnant. I am not breast feeding. I do not have any significant medical disease.

By signing below, I acknowledge that I have read the Information Sheet and Informed Consent page. I am satisfied with the explanation and agree to have the treatment performed.

BOTOX/DYSPO RT CONSENT

NEUROTOXINS

I understand certain Neurotoxins are FDA-approved for treatment of rhytids (wrinkles) located between the eyebrows, also known as the Glabella region. Other areas are commonly treated with neurotoxins, which have not been FDA-approved, and this is considered “off-label use.” Neurotoxins can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. I understand that neurotoxins cannot improve sagging skin or wrinkles caused by aging or sun damage and understand they are unrelated to muscle contraction. Treatment with neurotoxins can cause facial expression lines or wrinkles to essentially disappear. The primary effect of the neurotoxin injection is on the nerve terminal and the secondary effect is on the muscle. Areas most commonly treated are: a) glabella area of frown lines, located between the eyebrows; b) crow’s feet (outside areas of the eyes); and c) forehead wrinkles; however, neurotoxin may also be used in other facial areas. The Neurotoxin is reconstituted to a very controlled solution and, when injected into the muscles with a very thin needle, it is almost painless. I understand patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and results generally last 3-4 months. In some individuals, the results of one treatment may last shorter or longer. With repeated treatments, the results may also tend to last longer.

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects with any invasive procedure. In this specific instance, such risks include, but are not limited to:

1. Post treatment discomfort, swelling, redness, and bruising;
2. Double Vision;
3. Weakened tear duct, rarely;
4. Post treatment bacterial and/or fungal infection requiring further treatment
5. Allergic reaction;
6. Minor temporary droop of eyelid(s), eyebrow (s), or corner of the mouth in approximately 2% of injections. This usually lasts 2-3 weeks;
7. Occasional numbness of the forehead lasting up to 2-3 weeks;
8. Transient headache; and
9. Flu-like symptoms may occur.

BOTOX/DYSPORT CONSENT *continued*

NEUROTOXIN PRE TREATMENT INSTRUCTIONS

It is prudent to follow some simple guidelines before treatment that can make all the difference between a fair result or great result, by reducing some possible side effects associated with the injections. We realize this is not always possible; however, minimizing these risks is always desirable.

- Avoid Alcoholic beverages at least 24 hours prior to treatment (Alcohol may thin the blood increasing the risk of bruising).
- Avoid Anti-inflammatory / Blood Thinning medications ideally, for a period of two (2) weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Ginkgo Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS (non-steroidal anti-inflammatory drugs) are all blood thinning and can increase the risk of bruising/swelling after injections.
- Schedule your Neurotoxin appointment at least 2 weeks prior to a special event which may be occurring, i.e., wedding, vacation, etc. etc. It is not desirable to have a very special event occurring and be bruised from an injection.
- You will need to reschedule your appointment if you are on antibiotics for an infection. It is also necessary to reschedule your appointment if you have a fever or had a fever in the last 48 hours.

NEUROTOXIN POST TREATMENT INSTRUCTIONS

The guidelines to follow post treatment have been followed for years, and are still employed today to prevent the possible side effects of ptosis. These measures should minimize the possibility of ptosis by almost 98%.

- No straining, heavy lifting, vigorous exercise for 3-4 hours following treatment. It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve to start its work, and because we do not want to increase circulation to that area to wash away the neurotoxin from where it was injected. This waiting period continues to be recommended by most practitioners.
- Avoid Manipulation of area for 3-4 hours following treatment. (For the same reasons listed above.) This includes not doing a facial, peel, or micro-dermabrasion after treatment with Neurotoxin for 3 days. A facial, peel, or micro-dermabrasion can be done in the same appointment only if they are done before the Neurotoxin.
- Do not lie down or bend over for 3-4 hours following treatment. (This instruction has been employed for years by some practitioners).
- Avoid having a facial or massage for 3 days.
- Do not wear a hat or helmet for 3 days.
- It can take 2-10 days to take effect and 2 weeks for full effect. It is recommended that the patient contact the office no later than 3 weeks after treatment if desired effect was not achieved and no sooner than 2 weeks to give toxin time to work.

BOTOX/DYSPORT CONSENT *continued*

Makeup may be applied before leaving the office. Some practitioners recommend avoiding Retin-A, Glycolic acid, Vitamin C, and Kinerase for 24 hrs to the treated areas. I have been counseled in these pre & post-treatment instructions and have been given a written copy of these instructions. All my questions have been answered to my satisfaction.

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for scientific and educational purposes both in publications and presentations, as well as any social media and marketing. I understand my identity will be protected.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant. I am not lactating (nursing). I do not have any significant Neurological disease (s) including, but not limited to, Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), Parkinson's. I do not have any allergies to the toxin ingredients or to human albumin and have never had a reaction to a neurotoxin in the past.

PAYMENT

I understand this is an elective cosmetic procedure. I understand and agree that all services rendered to me will be charged directly to me, and I am personally responsible for payment. Payment is due at the time treatment is rendered. I understand there are no refunds on any services rendered. I further agree that, in the event of non-payment, I will bear the cost of collections and/or Court costs and reasonable legal fees, should this be required.

RESULTS

I am aware that when small amounts of a purified Neurotoxin is injected into a muscle it causes weakness/relaxation of that muscle. This appears in 2 – 10 days and can last 3-4 months, but can be shorter or longer. I understand that the length of response may vary from patient to patient and from one treatment to the next.

In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. Rarely, there are some individuals who do not respond at all. It is at the discretion of my practitioner as to whether or not a "touch-up" injection may be needed after the first 14 days of treatment. I understand, if that is the case, an additional charge may incur. I understand that I will not be able to "frown" while the injection is effective, but that this will reverse after a period of months at which time re-treatment is appropriate.

I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the procedure.

BOTOX/DYSPO RT CONSENT *continued*

I understand that the success of the procedure is to some extent dependent upon my closely following my practitioner's instructions. I must not perform any vigorous exercise, and I must not massage or manipulate the area (s) of the injections for the 3-4 hours post-injection period. I further understand I will not wear a hat or have a facial and or massage for 3 days post injections.

I understand this is an elective procedure and hereby voluntarily consent to treatment with Neurotoxin injections for the condition known as: Facial Dynamic Wrinkles. The procedure has been fully explained to me as well as the areas which are "off label."

I have read the above information and understand it. My questions have been answered to my satisfaction.

I accept the risks and complications of the procedure. I understand that no guarantees are implied as to the outcome of the procedure. I certify that I am over the age of 18 and am not under the influence of drugs or alcohol. I have read and understand the pre and post Neurotoxin instructions.

I certify if any changes occur in my medical history, I will notify the office. I hereby give my voluntary consent to this procedure, and release AGELESS AESTHETICS & MEDSPA, LLC medical staff, and specific technicians from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

DERMALFILLER CONSENT

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

THE TREATMENT

Treatment with dermal fillers (such as Juvederm, Restylane, Radiesse and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately.

RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, bruising, and discoloration; 2) Post treatment infection associated with any transcutaneous injection; 3) Allergic reaction; 4) Reactivation of herpes (cold sores); 5) Lumpiness, visible yellow or white patches; 6) Granuloma formation; 7) Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

PREGNANCY AND ALLERGIES

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.

ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment.

DERMAFILLER CONSENT *continued*

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time.

TRAINING COURSE

I understand that I have volunteered to be a model patient in a training course and the doctor/healthcare professional who will be treating me has had limited experience with the method of treatment.

I hereby indemnify Ageless Aesthetics & MedSpa LLC from any liability relating to the procedures that I have volunteered for. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician.

I hereby indemnify the facility/meeting room/hotel where this treatment is being performed from any liability relating to the procedures that I have volunteered for.

PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. During courses given by Common Sense Dentistry and/or Ageless Aesthetics & MedSpa LLC, I understand that photographs and video may be taken of me for educational and marketing purposes. I hold the AAFE harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

RESULTS

Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Its effect can last up to 6 months. Most patients are pleased with the results of dermal fillers use. However, like any esthetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. The dermal filler procedure is temporary and additional treatments will be required periodically, generally within 4-6 months, involving additional injections for the effect to continue. I am aware that follow-up treatments will be needed to maintain the full effects. I am aware the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. The correction, depending on these factors, may last up to 6 months and in some cases shorter and some cases longer. I have been instructed in and understand the post-treatment instructions. I understand this is an elective procedure and I hereby voluntarily consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, establish proper lip and smile lines, and replacing facial volume. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.