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The Kaga Institute
OF MEDICINE & AESTHETICS

Mira Kaga, MD

Board Certified
Internal & Aesthetic Medicine

Neuromodulator Consent Form

LAST NAME: _____ FIRST NAME: _____

DATE OF TREATMENT: ___/___/___ DATE OF BIRTH: ___/___/___

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTOX®/Xeomin/Jeuveau Cosmetic treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that Dr. Kaga attempt to improve my facial lines and enhance facial shaping with BOTOX®/Xeomin/Jeuveau Cosmetic. These injections have been used for nearly two decades to improve spasm of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX®/Xeomin/Jeuveau is approved by the FDA to improve the appearance of the vertical lines between your brows. Injections in other areas to improve appearance of facial lines and for facial shaping have been well documented in the literature, although considered "off label" uses. The results of BOTOX®/Xeomin/Jeuveau are usually dramatic although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. I am aware that office policy is that there are no refunds or credit given for dissatisfaction or undesirable results and that I have the option to dissolve the dermal filler.

The BOTOX®/Xeomin/Jeuveau solution is injected with a needle into the skin and muscle. You should see the benefits develop over the next two to fourteen days. A decreased appearance of frowning or creasing of other lines and/or a change in specific facial grimacing will be the result of this treatment. The most common side effects are headaches, respiratory infection, flu syndrome, temporary eyelid droop, and nausea. BOTOX®/Xeomin/Jeuveau should not be used if there is an infection at the injection site. Additionally, slight temporary bruising may occur at the injection site. I have been advised of the risks involved in such treatment, the expected benefits of such treatment and alternative treatments, including no treatment at all. I understand that the results are temporary and repeat treatments are needed to maintain the desired results.

I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask question. I consent to this BOTOX®/Xeomin/Jeuveau treatment today and for all subsequent treatments.

Product: BOTOX® Xeomin Dysport Jeuveau

Lot Number: _____

Expiration: _____

Units: _____

	Signature	Date
Patient		
Witness/Assistant		
Physician		