INFORMED CONSENT FOR DYSPORT®
(BOTULINUM TOXIN A INJECTIONS)

INSTRUCTIONS
This Is An Informed Consent Document That Has Been Prepared To Help Inform You Concerning DYSPORT®
Injections, Its Risks, And Alternatives Treatments(S).

It Is Important That You Read This Information Carefully And Completely. Please Discuss Any Questions You
May Have With Your Provider. Once You Have Read And Understood This Information, And Had Any Ques-
tions Addressed To Your Satisfaction, Please Sign And Date This Consent.

INTRODUCTION
DYSPORT® Injections Involve A Series Of Small Subcutaneous Injections Designed To Weaken Certain Muscles
That Cause Skin Wrinkling. Weakening Of The Injected Muscles Begins To Be Apparent After 2-3 Days With
The Peak Effect Being Reached After 7-14 Days. Results Can Last 3-6 Months. The Procedure Can Be Repeated
After 3 Months; However, Injections Given At Less Than 3 Month Intervals May Not Produce A Noticeable
Effect.

ALTERNATIVE TREATMENTS
Alternative Forms Of Non-Surgical And Surgical Management For The Appearance Of Wrinkles And Lines In
The Skin Include Laser Ablation, Chemical Peels, Dermal Filler, Minimally Invasive Procedures And Face Lift.
Alternative Forms Of Treatment Are All Associated With Certain Risks.

RISKS OF DYSPORT® INJECTIONS Every Procedure Involves A Certain Amount Of Risk, And It Is Important
That You Understand The Risks Involved. An Individual’s Choice To Undergo A Procedure Is Based On The
Comparison Of The Risk To Potential Benefit. Although The Majority Of Patients Do No Experience These
Complications, You Should Discuss Each Of Them With Your Provider To Make Sure You Understand The Risks,
Potential Complications, And Consequences Of DYSPORT® Injections.

<table>
<thead>
<tr>
<th>Bleeding</th>
<th>It Is Possible, Though Unusual, To Experience Localized Bleeding Episode During Or After The Procedure At The Site(S) Of Injection.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Do Not Take Any Aspirin Or Anti-Inflammatory Medications For Ten Days Prior To Your DYSPORT® Injection Appointment.</td>
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<tr>
<td>Bruising</td>
<td>Following This Procedure, It Is Not Uncommon To Bruise At The Injection Site. Bruising Usually Resolved In 3-4 Days.</td>
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<tr>
<td>Infection</td>
<td>Infection Is Unusual. Should An Infection Occur, Additional Treatment Including Antibiotics May Be Necessary.</td>
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<tr>
<td>Unsatisfactory Results</td>
<td>You May Be Disappointed With The Results Of The Procedure. The Procedure May Result In Unacceptable Visible Deformities, Loss Of Function And/Or Loss Of Sensation.</td>
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<tr>
<td>Allergic Reactions</td>
<td>In Rare Cases, Local Allergies To Botulinum Toxin A Preparations (Including DYSPORT®) Have Been Reported. Systemic Reactions, Which Are More Serious, May Result From Any Medication Or Substance Used During The Procedure. Allergic Reactions May Require Additional Treatment.</td>
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</table>
**Drooping Of The Eyelids (Ptosis)**

This Is A Rare But Transient Complication Occurring In 1-2% Of Patients. The Incidence Can Be Minimized By Positioning Post Injections. Ptosis Usually Resolves Within Several Weeks But May Take Longer.

**Additional Procedures**

Should Complications Occur, Other Treatments May Be Necessary. Even Though Risks And Complications Occur Infrequently, The Risks

**DISCLAIMER**

Informed Consent Documents Are Used To Communicate Information About The Proposed Treatment Of A Disease Or Condition Along With Disclosure Of Risks And Alternative Forms Of Treatment(S).

The Informed Consent Process Attempts To Define Principles Of Risk Disclosure That Should Generally Meet The Needs Of Most Patients In Most Circumstances. However, Informed Consent Documents Should Not Be Considered All Inclusive In Defining Other Methods Of Care And Risks Encountered.

Informed Consent Documents Are Not Intended To Define Or Serve As The Standard Of Medical Care. Standards Of Medical Care Are Determined On The Basis Of All Of The Facts Involved In An Individual Case And Are Subject To Change As Scientific Knowledge And TechnologyAdvance And As Practice Patterns Evolve.

It Is Important That You Read The Above Information Carefully And Have All Of Your Questions Answered Before Signing This Consent.

I Have Read The Foregoing Consent And Hereby Confirm That I Have 1) Had Each Item Explained To Me, 2) Was Given An Opportunity To Ask Questions, And 3) Had All Of My Questions Answered. I Hereby Authorize The Technician To Perform The Procedure Of DYSPORT® Injections.

I Hereby Release My Technician, The Facility And The Doctor From Liability Associated With This Procedure. PATIENT’S NAME (Please Print)

PATIENT’S SIGNATURE

DATE

HEALTH CARE PROFESSIONAL SIGNATURE | PRINT NAME & TITLE | DATE