



Model Consent Form

Appointment date:

Clinician:

Model's Detail

Name:

Address:

Phone: E-mail:

Allergies: Y / N Please list:

Sensitive skin: Y / N Please explain:

Neurologic disease: Y / N Please explain:

Medication:

Above 18 years old Y / N Pregnant Y / N Breastfeeding Y / N

MODEL CONSENT FORM FOR BOTULINUM TOXIN TREATMENTS

PATIENT CONSENT: This is an informed consent form that has been prepared to help inform you of the potential benefits and risks of anti-wrinkle injections. It is important that you read this information carefully and discuss any questions you may have with us before proceeding with treatment. It is also important that you take as much time as you need to consider the treatment carefully, weighing up all your options before reaching an informed decision. It is essential that you are aware of your right to have a second opinion and you are encouraged to ask any questions that come to mind throughout the entirety of the process.

PARTICIPATION AS A COSMETIC MODEL: The treatment you receive will be performed by registered healthcare professionals as part of their portfolio work. The treatment price is heavily subsidised for this reason, to facilitate portfolio formation and build up experience. By signing this form, you agree and consent to the above and you accept that treatment will be carried out by newly qualified practitioner.

BOTULINUM TOXIN TREATMENTS

BOTOX® is the trade name for purified botulinum toxin type A manufactured by Allergan. We will be using other commercially available purified botulinum toxin Type A in the market. Please discuss if keen on BOTOX®.



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The Excessive Sweating Treatment involves a series of small injections of purified botulinum toxin administered into the skin of the affected armpit area, which blocks the small nerve fibres that innervate the sweat glands, thus blocking excessive sweat production. There is a possibility that one www.eleganceretouched.com treatment may not provide sufficiently effective results. The initial effect may start anywhere between 1-2 weeks. One should allow up to 2 weeks for the maximum effect of the injections. Treatment usually lasts between 3-6 months, although it may last for a longer or shorter period. I understand that the sweat glands treated will not function whilst the injection is effective but that this will reverse itself after a period of months at which time re-treatment is needed to maintain the effects.

I understand that several appointments may be necessary to produce optimal results and I will be notified, in advance of each session of treatment, about the location where the next treatment session is going to take place and the identity of who is going to be involved in my care at each stage. I also understand that I will be kept informed of progress and that I can change my mind at any point.

The Jawline Slimming Treatment involves a series of small facial injections of purified botulinum toxin administered into the Masseter muscles. The toxin acts to block nerve signals reaching the muscles which leads to their partial paralysis. In turn, as the muscles work less, their size decreases, leading to an overall slimmer jawline appearance. The initial effect may start anywhere between 2 and 3 weeks. One should allow up to 4 weeks for the maximum effect of the injections.

RISKS OF BOTULINUM TOXIN INJECTIONS

Every medical or cosmetic 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 potential risks and benefits.

It is important to state that anti-wrinkle injections are safe and the vast majority of patients do not experience complications. However, you should read this carefully and fully discuss all the potential risks and complications with your practitioner. As anti-wrinkle injections are a cosmetic procedure the option of not having the treatment is always available. The side effects of anti-wrinkle injections are listed below.

Common side effects: pain at the site of injection and during the injections, swelling, inflammation and raised red bumps afterwards at the injection sites. Pain and swelling are usually improved after 48 hours. Bruising may occur at the injection sites which may take up to 2 weeks to resolve. You may experience a headache especially if the forehead has been treated. Headache is usually mild and should resolve within 48 hours, it can usually be managed with simple over the counter pain relief. Sometimes people can faint or feel faint with injections, you must tell your practitioner as soon as possible if you feel unwell during the treatment.



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Uncommon: nausea or hot flushes, skin infection in the site of treatment which will require medical assessment, unwanted or poor cosmetic outcome, uneven or asymmetrical effect on one side. There is also the possibility that the product may not work or take effect, also there is a small risk of developing immunity to certain toxin products which can lead to loss of effect over time. Some patients undergoing Botulinum Toxin injections into the Masseter muscles may develop a headache during and after chewing. This is the result of the Temporalis muscle over-working to compensate for weaker Masseter muscles during chewing. This side effect should start to resolve within 1-2 weeks and can be treated with simple pain killers such as paracetamol if required.

Rare: allergic reactions to the product, anaphylaxis (severe allergic reaction) which would require emergency medical treatment and transfer to hospital. Rarely the product may migrate or there may be unwanted weakening of muscles not intended to be treated. This may cause areas of unwanted facial weakness, smile weakness, eyelid ptosis (drooping of the eyelid), eyebrow ptosis (drooping of the eyebrows and heaviness) and interference with vision. Extremely rarely: there may be generalised effects of botulinum toxin which could include flu-like symptoms, generalised muscle weakness, swallowing, visual or breathing difficulties. These effects would require emergency medical attention.

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PHOTOGRAPHS & VIDEOS

CLINICAL PHOTOS AND VIDEOS: By signing this form, you agree to and authorise the taking of clinical photographs and videos. You understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. These photos and/or videos are mandatory to proceed with the treatment.

PHOTOS AND VIDEOS FOR ADVERTISEMENT: By signing this form, you agree to and authorise the taking of photographs and videos which will be used for advertisement of the clinicians work/skills/expertise. These photos may be distributed on the Elegant Retouched's social media pages and public posts, publications, website, advertisements and correspondence. If you feel strongly against the above, please speak to us, as on specific individual cases, we may be able to omit your photos.



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Agreement

By signing this form, you certify that you have read the above consent form and that you fully understand it. You confirm that you have been given ample opportunity for discussion and all your questions have been answered to your satisfaction. You hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. You have been given all the necessary opportunities for discussion and all your questions have been answered. You therefore and hereby consent to the care or treatment described herein.

- I confirm that I fully understand and agree to all the above aforementioned information, and in particular, the specific sections and risks which apply to the treatments that will be administered to me.
- I confirm that I am over the age of 18, and that I am not pregnant or breastfeeding.
- I confirm that I have provided complete and accurate information related to my medical health, including all my medical conditions including any neurologic disease MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome and the medications I take e.g. warfarin and other blood thinning medication.
- I agree to and understand that treatments will be performed by Elegant Retouched newly qualified aesthetician.
- I consent to photographs being taken before and after the procedure for record-keeping and promotional purposes, with my identity protected.
- I agree to adhere to all the advice and instructions given before, during and after the procedure. I will notify the Elegant Retouched team of any problems following the procedure. I am aware I can contact them via email on hello@elegantretouched.com. For urgent out of hours problems or emergencies, I understand I must report to the nearest Accident & Emergency department.
- I certify that I have discussed all aspects of the treatment and have been given the opportunity to ask any questions or raise any concerns. I confirm all questions have been answered implicitly to my satisfaction. I am aware that results cannot be guaranteed and are subjective.
- I hereby authorise Elegance Retouched, their delegates (trainees) and trainers to administer the treatments, and agree to hold them free and harmless from any claims, refunds or suits damages for any injury or complications whatsoever

Client's Signature:

Clinician's Signature:

Date:

Date: