Injection therapy to correct and prevent expression lines and treat other facial conditions is a non-invasive, in-office treatment. The following instructions are your obligations. Included are normal experiences and observations of treatment.

FOLLOWING YOUR TREATMENT
Whether this is your first treatment with a denervating agent, or a subsequent treatment, follow these instructions precisely:

• Do not bend over or lay flat for a minimum of 4 hours following treatment.
• Do not rub, massage or apply pressure to the treated region for a minimum of 4 hours after treatment. This includes applying make-up, facial cleansers or creams, or wearing a hat, scarf, headband or any other garment or accessory that may put pressure on the treatment region.

The following are normal experiences that can occur following treatment:

• Tenderness or a mild bruising at the injection site.
• A mild headache, or the absence of headache.
• Although very rare, there is the potential to experience mild flu-like symptoms.
• Asymmetry is possible: Opposite sides of your face, and different facial regions may react at different times to treatment. This is normal. If asymmetry is not corrected within 7-10 days following your injection, contact our office immediately; your dosage may need to be adjusted.

To alleviate any discomfort, and to reduce potential swelling you may gently, and without pressure, apply cool, not cold compresses to the treatment site. Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. Apply cool compresses for no longer than 20-minute intervals.

IF THIS IS YOUR FIRST TREATMENT:
You may or may not be instructed to contract the muscles in the injected area several times in the following few days. Follow the instructions you are given.

The denervating agent will begin to take effect within 3 to 6 days following treatment. If your ability to contract treated regions is not restricted within 7 to 10 days following treatment, contact our office immediately. Your treatment dosage may need to be adjusted.

Your first treatment will inhibit your ability to make certain expressions, and will soften and relax the associated expression lines. However it may take several treatment cycles to diminish deeper expression lines.

IF THIS IS A SUBSEQUENT TREATMENT:
The denervating agent may take effect more quickly than in the past. Your results may not be consistent with each treatment you have had in the past. This means that you may or may not experience similar post-treatment symptoms such as swelling or tenderness at the injection sites. This is not an unexpected or uncommon occurrence.
FOLLOWING YOUR DENERAVATING INJECTIONS:

Follow-up treatment is recommended approximately every 3 months for frown line and facial treatment and every 6 months for treatment of excessive perspiration, or when you notice your conditions are returning to a pre-treatment state. However, you may call our office at any time with your concerns or for needed follow-up.

- The denervating effect and your inability to make certain facial expressions will last 3 or 4 months following your injections. Once you notice movement is returning to the treated facial region, it is important to repeat your treatment. If treatment is not repeated, your expression lines and the resulting facial creases will return.

- The affects of denervating agents are compounding. With each subsequent treatment deeper lines and creases will continue to improve.

IF YOU HAVE BEEN TREATED FOR EXCESSIVE SWEATING:

- Avoid excessive rubbing of the treated areas and strenuous activities including exercise for 4 to 6 hours after treatment.

- Expect diminished perspiration that will continue to decrease over the first 10-14 days after treatment. Peak results are typically seen within a month after treatment.

- Expect a significant decrease in perspiration, not a total reduction of sweating.

- Result of treatment are expected to last from 4 to 6 months and may vary from patient to patient.

- Patients whose palms are treated may experience minor finger weakness or the potential decrease in fine motor movement of the fingers, which is not unusual.

Your follow-up visit to repeat treatment is scheduled for ________________________________

Your facial appearance will change with age. You may be concerned about additional signs of aging or changes in your appearance that result with age. Contact our office with any of your questions or concerns, at any time.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature ___________________________________________ Date _____________________________

Printed Name of Patient ___________________________________________

Signature of Practice Representative and Witness ___________________________