

DESERT MEDICAL REJUVENATION

35900 BOB HOPE DRIVE SUITE 130
RANCHO MIRAGE, CA 92270
PHONE: (760) 832-7279

INFORMED CONSENT FOR BOTOX/XEOMIN/DYSPORT INJECTION

I, _____ (**print name**) have the right to be informed about my skin condition, and treatment so that I may make an informed decision, whether or not to undergo the procedure after knowing the risks and hazards involved. Botox/Xeomin/Dysport is a product that has been on the market worldwide. It typically last 3 to 4 months. However, each patient responds differently to Botox/Xeomin/Dysport. No guarantee can be made with regard to the result or the length of time it will last. Rarely, there may be swelling, discoloration (black and blue marks), and or drooping that may persist for several weeks, but is generally temporary. _____ (**Please initial**)

Prior to treatment, a physician reviewed my complete medical history, examined me, reviewed the procedure and the technique he or she plans to use with me, and answered, to my best satisfaction, all questions I have regarding the treatment. _____ (**Please initial**)

The cost of the procedure involves charges for the services provided. The total includes fees charged by **Desert Medical Rejuvenation** the cost of supplies, and other related expenditures. Should complications develop from the procedure additional costs may occur and will be the patient's financial responsibility. Additional Procedures, Supplies, Antibiotics, etc., will also be the patient's responsibility. _____ (**Please initial**)

All before and after care instructions have been explained and given to me. I understand my responsibility of properly following these instructions to minimize any risks of complications. _____ (**Please initial**)

I consent to and authorize the healthcare facility located at **35900 Bob Hope Drive Suite 130 Rancho Mirage, CA 92270** to inject the above listed, to my body. _____ (**Please initial**)

The nature and effects of the procedure, the risks and complications, if any involved, and other alternative methods of treatments, have been fully explained to me, I understand them, and I assume all responsibilities. _____ (**Please initial**)

I agree that this constitutes full disclosure, and that it supercedes 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 questions. _____ (**Please initial**)

I consent to and authorize the healthcare facility located at **35900 Bob Hope Drive Suite 130 Rancho Mirage, CA 92270**, to take all necessary photographs before and after my procedure. _____ (**Please initial**)

ACKNOWLEDGEMENT:

I understand that this treatment is strictly for cosmetic purposes, and will not be covered by insurance. I understand that I am responsible for all costs payable at the time of services. _____ (**Please initial**)

Clinical results may vary; I acknowledge that no guarantee or assurance has been given by anyone as to the results, which may be obtained. _____ (**Please initial**)

I understand that 24-hour notice is required to **cancel or reschedule** an appointment. I further understand and agree that any cancellations made within 24 hours and/or any no shows may result in cancellation fees and/or loss of treatment. I further agree that there are no refunds for missed appointments. _____ (**Please initial**)

I understand that all services that have been rendered are non-refundable. _____ (**Please initial**)

By my signature below, I certify that I have read and fully understand the contents of this permission form. I was given the opportunity to have our office cover any question or clarification I might have prior to signing this consent and thereby grant permission to perform Botox/Xeomin/Dysport on me by **Desert Medical Rejuvenation**.

Signature – Patient or Parent/Guardian

Print Name

Date

Witness _____ Art Quintanilla, MD

Date _____