

## **NEUROTOXIN CONSENT FORM**

| <u>To the patient:</u> You have the right to be informed about your treatment so that you may make a ecision to undergo the procedure, knowing the risks and hazards involved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
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| have received a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| onsultation with Dr. Kelly James and Ageless Youth LLC practitioner and I consent to having                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |
| eurotoxin treatments carried out upon myself for the improvement of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
| understand that I may be required to have photographs taken before and/or after the treatment fry medical records, educational purposes, and advertisement/promotional use on practitioner's website and social media accounts and other platforms.  Hereby I grant permission to Ageless Youth LLC, Dr. Kelly James, and Renata Yafasova to use hotographs/videos of me (taken before/after/during procedure) for marketing and educational urposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or                   |
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| Neurotoxin is injected with a small needle into the muscle, with the aim of inhibiting the underly nuscle contraction, therefore improving facial lines, appearance, and excessive sweating. have been informed about the treatment, procedure, indications, expected results and possible suffects. I understand that I may experience swelling, redness, tenderness, slight headache, pain are ruising that may occur for several days after my treatment, however these symptoms will resolve the area adjacent muscle may be weakened for several weeks after injection. I have been advised to the contraction of the | side<br>nd/or<br>ve. |
| ne risks involved and the expected benefits of neurotoxin treatment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |
| Although the results are usually dramatic, I have been informed that the practice of medicine is represented in exact science and that no guarantees can be or have been made concerning the expected resulting case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
| am undergoing treatment of my own free will. I agree that this procedure is being performed fo osmetic reasons and that no guarantee can be made as to the exact results of this procedure. I nderstand that whilst every precaution will be taken to prevent complications and that whilst omplications from this procedure are rare, they can and sometimes do occur.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r                    |
| accept responsibility for any complications that may occur and thereby absolve Renata Yafasov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /a,                  |
| N, Ageless Youth LLC, and Dr Kelly James of any blame resulting there from.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |
| agree that this constitutes full disclosure, and that it supersedes any previous verbal or written                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |
| isclosures. I certify that I have read, and fully understand the above paragraphs and that I have I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nad                  |
| ufficient opportunity for discussion to have any questions answered.  understand that the terms of payment require full settlement on or before the day of my treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nt                   |
| rationt Signature Today's Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 111.                 |

## POST-TREATMENT INSTRUCTIONS

The guidelines to follow post treatment have been used for years and are still employed today to prevent the possible side effects of ptosis (eyelid droop). These measures should minimize the possibility of ptosis in almost 98% of the cases.

No straining, heavy lifting, or vigorous exercise for 2 days following treatment because we don't



want to increase circulation to that area (this washes away the neurotoxin from where it was injected). It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve to start its work. This waiting period continues to be recommended by most practitioners.

## You must remain upright for four hours following treatment.

AVOID manipulation of the area for 1 week following a treatment (for the same reasons listed above). This includes not doing a facial, a peel, or a microdermabrasion after treatment with neurotoxin. Any of these procedures can be done in the same appointment only if they are done before the neurotoxin.

It can take 10-14 days to take full effect. It is recommended that the patient contact the office no later than 2 weeks after treatment if the desired effect was not achieved.

| I certify that I have been counseled in post-treatment instructions and have been given written instructions as well. |              |
|-----------------------------------------------------------------------------------------------------------------------|--------------|
| Patient Signature                                                                                                     | Today`s Date |