

Botox Treatment

Botulinum Toxin Injection

INFORMED CONSENT FORM

Patient's Full Name	ID / Passport No
Date of Birth	Date / Time of Information

Dear Patient,

The purpose of this form is to inform you about matters concerning your health so that you can take part in the decision to be made. Please read the form carefully and ask your physician about anything that is unclear before signing.

This form has been prepared to meet the needs of most patients in most circumstances; however, it should not be regarded as a document that covers every risk of every form of treatment. Depending on your personal health, your physician may give you different or additional information.

After learning about the benefits and possible risks of the diagnosis, medical treatment and surgical procedures, it is your decision whether or not to accept the procedure. Except where legally or medically required, you may decline the information or withdraw your consent at any time.

What You Should Know About Botox

The substance used in Botox treatment is a purified protein (botulinum toxin) produced by the bacterium *Clostridium botulinum*. It blocks the signal from the nerve to the muscle and temporarily reduces the movement of the treated muscle. When the muscle cannot contract, the expression lines in the overlying skin also soften. During the effect, some facial expressions made with these muscles (frowning, surprise, etc.) may be more limited.

Botox does not make a permanent change to the face; it only provides a temporary improvement of expression lines in the treated areas. Results vary from person to person.

Treatment Areas

- Horizontal forehead lines and frown lines between the brows
- Lifting the outer part of the brows
- Crow's feet at the corners of the eyes and lines under the lower eyelid
- Lifting the nasal tip and excessive gum show when smiling
- Vertical lines around the lips and lifting the corners of the mouth
- The line between the lip and chin and an orange-peel appearance of the chin
- Teeth clenching and grinding (masseter muscle treatment)
- Horizontal neck lines and vertical neck bands
- Excessive sweating of the hands, feet, face and underarms

How Is It Performed?

The treatment area is cleaned; a numbing cream is applied if needed. Botox is injected into the muscle at several points with very fine needles. A slight stinging may be felt during the injection. The dose and injection points are determined by your physician. Treatment usually takes 10-15 minutes. It is not given to women who may be pregnant or are breastfeeding.

Aftercare

- If your physician advises, move the treated muscles a few times within the first 2 hours (raising the brows, frowning, etc.).
- To reduce swelling, redness and bruising, you may apply ice wrapped in a towel at intervals during the first 24 hours. Any bruises will fade by themselves.
- Do not apply creams to the face or take medicines without consulting your physician.
- Do not lie face down for the first 4 hours; sleeping on your back on a high pillow is recommended on the first night.
- Do not rub your face for the first 24 hours; avoid make-up, massage, hair dyeing and brow shaping.
- Avoid hot baths, hammam, sauna, sunbeds, strong sun and heavy exercise for the first 24 hours. Do not swim in a pool for the first 3 days.
- For the first 3 days, avoid alcohol, smoking and, without your physician's approval, blood-thinning medicines or supplements (aspirin, ibuprofen, fish oil, vitamin E, ginkgo, etc.).
- Do not have facials or peels for the first week. Do not have mesotherapy, PRP, HIFU, laser or radiofrequency treatments in the same area without consulting your physician.

How Long Does the Effect Last?

The effect usually begins 3-7 days after treatment and lasts on average 3-4 months. The duration varies from person to person and by area; with regular treatments the effect may last longer.

Possible Risks and Side Effects

Botulinum toxin has been widely used worldwide for aesthetic and medical purposes for many years. As with any medicine, it may have side effects:

- Redness, bruising and swelling at the injection site: Usually lasts 1-2 days.
- Temporary headache.
- Pain, infection and temporary changes in sensation or function at the injection site.
- Temporary loss of function depending on the area treated: drooping of the eyelid or brow (ptosis) after forehead and frown-line treatment; difficulty whistling or using a straw after treatment around the lips; difficulty swallowing after neck treatment. These effects resolve over time.
- Difficulty chewing for 1-2 weeks after masseter (chewing muscle) treatment.
- Asymmetry or lack of the expected effect; if needed, an additional dose may be given at the follow-up visit.
- **Allergic reaction:** Rare. If you develop a widespread rash, shortness of breath or difficulty swallowing, seek medical help immediately.

How to Reach Us When Needed

If you experience unexpected pain, increasing swelling, fever, bleeding or anything that concerns you after the procedure, contact us on +90 542 338 86 61 or +90 542 255 52 86. In an emergency, go to the nearest healthcare facility. If you change your mind after declining the procedure, you may apply again at any time.

What Your Physician Needs to Know About You

For your safety, please answer the questions below. If you are unsure about a question, you can complete it with your physician.

- | | |
|---|--|
| 1. Could you be pregnant? | ☐ Yes ☐ No |
| 2. Are you breastfeeding? | ☐ Yes ☐ No |
| 3. Do you have a muscle or nerve disease (myasthenia gravis, ALS, etc.)? | ☐ Yes ☐ No |
| 4. Do you take antibiotics of the aminoglycoside group or muscle relaxants? | ☐ Yes ☐ No |
| 5. Have you had botulinum toxin treatment before? If so, did anything unexpected happen? | ☐ Yes ☐ No |
| 6. Is there an infection or active skin disease in the treatment area? | ☐ Yes ☐ No |
| 7. Do you have any allergies? | ☐ Yes ☐ No |
| 8. Do you have a tendency to bleed, or do you take blood-thinning medicine? | ☐ Yes ☐ No |
| 9. Have you had filler, laser, peeling or a similar treatment in the same area in the last two weeks? | ☐ Yes ☐ No |
| 10. Do you have a chronic disease? (diabetes, blood pressure, heart disease, etc.) | ☐ Yes ☐ No |

Notes / medicines used:

Patient / Legal Representative Consent Statement

Diagnosis

Treatment / procedure to be performed

If you do not wish to be informed about the purpose, duration, benefits, chance of success, recovery process, possible risks and complications, alternative methods of the treatment and the situations you may face if you decline it, please state this below in your own handwriting.

- My physician has informed me about my illness/condition and explained what the procedure is, its purpose, duration, benefits, chance of success, that there is no guarantee that my current condition will improve, the recovery process, possible risks and complications, alternative methods and the situations I may face if I decline the procedure. All my questions on these matters have been answered in a way I can understand.
- It has been explained to me that the procedure described above will be performed on me/on the patient I legally represent by physicians, nurses and other healthcare staff under the authority, supervision and direction of my physician.
- I understand that there is no guarantee that the procedure will improve my current condition, that there is no certainty in medicine and surgery, and that results may vary from person to person.
- I know that I am not obliged to give consent if I do not wish to, and that I may withdraw my consent before the procedure begins.
- Provided that my identity is kept confidential, I consent to my medical records and before/after photographs being used for medical follow-up, scientific and educational purposes. (If you do not consent, please cross out this statement.)
- Being of sound mind and capable of making decisions, I freely consent to the medical procedure described above being performed by my physician and their team.

Signatures

I declare that I have read and understood all pages of this form and accept the statements above. Please write **"I have read, understood and agree."** in your own handwriting:

Patient			
Full Name	Signature	Date	Time
Patient's Legal Representative (if applicable)			
Full Name / Relationship	Signature	Date	Time
Reason consent is obtained from the legal representative: ☐ Unconscious ☐ Under 18 ☐ Lacks capacity ☐ Emergency			
Witness			
Full Name	Signature	Date	Time
Informing Physician			
Full Name Op. Dr. Ayşe Öznur Akidil	Signature / Stamp	Date	Time
Interpreter (if required)			
Full Name	Signature	Date	Time

Consent is obtained from the patient if over 18; from both the patient and the legal representative for patients aged 15-18; and from the legal representative for unconscious patients, patients under 15, patients lacking decision-making capacity and in medical emergencies. Information is provided in accordance with the Turkish Patient Rights Regulation (Official Gazette of 01.08.1998, No. 23420). This is the English version of the Turkish consent form; in case of discrepancy, the information given verbally by your physician prevails.

Prepared with reference to patient information documents of medical societies, primarily the Turkish Society of Plastic Reconstructive and Aesthetic Surgery.