



AK Care
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Botox Consent Form

I _____ authorize Dr. Khakshae to perform Botox/Dysport injection on me.

Indications for procedure

Facial wrinkles

Risks of procedure

Bleeding, bruising, redness, infection, asymmetry, not fully improved wrinkles, temporary drooping of eyelid, need of fillers for improved correction, need for additional treatments, allergic reaction and rarely distant spread of medicine. These were all explained and my questions were answered.

Photographs

I give my consent for photos to be taken before and after the procedure for documentation. These photos may be shown to other patients or placed on his website or social media (cross out if not consenting).

I informed Dr. Khakshae of all my health and medical history requested.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been given to me concerning the results of this procedure.

I acknowledge that Botox/Dysport effect typically appears in a few days and lasts for up to 3-4 months only. Touch-up procedure may be needed in follow-up appointment in 2 weeks.

I understand no refund will be given after treatment is received.

I was explained about pre-procedure, procedure and post-procedure care.

Name

Signature & Date