

DR. EDA KIBAR DERMATOLOGY CLINIC

PATIENT INFORMATION AND INFORMATIVE CONSENT FORM

DATE :/...../.....

PROCESS INFORMATION

PROCESS NAME : BOTULINUM TOXIN (BOTOX)

REASON OF PLANNING THE PROCESS:

PATIENT INFORMATION

NAME&SURNAME	
PASSPORT NO	
BIRTH DATE	
ADDRES	
TELEPHONE NO	
E-MAIL	

Dear Patient, PLEASE READ THIS FORM CAREFULLY

- The objective of this form is to enable your participation into the decision making process about your healthcare by informing you. This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your doctor may provide you with different or additional information. After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

- The purpose of this form is to inform you about the benefits, risks, undesirable results (complications) of the **Botulinum Toxin (BOTOX)** that is planned to be applied, and what needs to be considered before and after the procedure, to ensure that you understand this procedure to be applied to you and give your consent with your own decision.

- If you have questions or points that you do not understand, state them and ask your doctor for help.

- You can allow a person you designate to participate in the process of consenting to the actions to be taken against you as a witness to the interview.

Please fill in the fields below completely

Do you have a chronic disease that requires or does not require continuous treatment?	Yes	No
Are there any medications you use regularly?	Yes	No
Do you have previous hepatitis B, hepatitis C, syphilis, HIV(+)?	Yes	No
Have you been diagnosed/treated for cancer?	Yes	No
Are you pregnant or breastfeeding? Is there any risk of pregnancy?	Yes	No
Do you have active skin disease?	Yes	No
Do you have a tendency to bleed?	Yes	No
Have you recently taken aspirin, blood thinners, green tea, coenzyme Q etc. or any nutritional supplements?	Yes	No
Do you have a systemic or local infection in the application area?	Yes	No
Do you experience recurrent herpes infection?	Yes	No
Have you had any previous surgery/s?	Yes	No
Do you have a history of allergies?	Yes	No
Do you use a cosmetic product on the application area?	Yes	No
Have you been exposed to intense sun or ultraviolet (with solarium device)? If yes, please specify when was the last:	Yes	No
Do you have a history of panic attacks?	Yes	No

Write in detail the situations, in which you answered yes to the questions asked, in the field below. If there are situations (any other disease, etc.) that you want to explain other than those asked, please explain in the space below.

1. INFORMATION ABOUT THE PROCESSES TO BE DONE

The substance used in botulinum toxin procedure is a protein secreted by bacteria called *Clostridium botulinum*. This agent blocks the electrical transmission from the nerves to the muscles, and temporarily reduces or terminates the function of the muscle at the area. When muscular function is lost and not able to contract, the wrinkles on the skin either diminish or go away. During the effect of botulinum, you will be unable to use facial expression muscles even if you want to. Therefore, you will lose several of the joy and sadness expressions on the face, particularly the expressions of surprise and anger. Within that period, the skin finds the opportunity to get better.

Botulinum toxin is not a miracle. It will make no permanent change on your face. Besides, it will not take your appearance back to what it used to be 20 years ago. Botulinum toxin operations provide temporary recovery in the wrinkles on certain parts of your face only.

Fields of Implementation: ·

- Horizontal lines on the forehead ·
- Lines between two eyebrows leading to knit appearance ·
- Lifting upwards of the sides of both eyebrows ·
- Lines and wrinkles on the sides of both eyes showing aging of the face (crow's feet lines) ·
- Correction of the lines on the lower eyelid and slit eye complaint ·
- Lifting of the tip of the nose ·
- Upper gum getting visible when laughing ·
- Vertical lines on the upper and lower lip (smoking lines or barcode lip lines) ·
- Lifting upward of the lip corners ·
- The horizontal line between the lower lip and the chin ·
- Grinding or clenching of the teeth ·
- Making the chin skin smoother, improving the orange peel appearance ·
- Therapy of the horizontal lines and vertical tapes on the neck ·
- Botulinum toxin can be used for treatment of excessive sweating in hands, feet, face and armpits.

Botulinum toxin effect starts 3-7 days after the procedure and lasts 3-4 months. The effect of the botulinum toxin can last about 12 months as the number of the procedures increase.

Your photos will be taken in order to follow the progress of the medical procedure applied to you. Some of your photos can be used to support lectures at medical seminars and conferences. Some of your photos may also be used by your doctor for advertising purposes in order to show the effectiveness of the treatment as before and after the treatment pictures, without revealing your identity.

2. METHOD OF APPLICATION OF THE PROCEDURE

The application area being cleaned 30-45 minutes before, the local anesthetic cream is applied. The Botulinum toxin is injected intramuscularly from a few points with very thin tipped syringes. During the practice, no complaint of pain occurs that disturbs the patient. The patient is not put to bed but taken to half sitting position. Injections are applied with 30 G

syringes intramuscularly with an angle of 30-45 degrees. An average of 4-7 international units of botulinum toxin is injected to each point (The dosage can be changed by your doctor). The entire procedure takes about 10-15 minutes.

Facial muscles that are injected with botulinum toxin should be exercised in the first 2 hours. The eyebrows should be raised up, the eyes should be made as if you were angry or they should be squinted. This process will increase the effectiveness of botulinum toxin on the muscles. ·

Cold compress should be applied to the face with an ice pack wrapped in a towel for 15 minutes every 2 hours, starting immediately after the treatment in order to reduce oedema, redness and bruising that may occur on the face. Cold compress should be continued for the first 24 hours. Despite all these precautions, bruising may occur on the face, but it will disappear spontaneously within 1 week. ·

If the doctor deems appropriate, various creams and oral medications can be used for the treatment of oedema, redness and bruising on the face. No creams and oral medications should be used without consulting the doctor. ·

The method can be applied alone or in combination with other methods that are thought to support this treatment.

The frequency of application is between ... and ... weeks, the number of applications is It is planned to be between ... and ... sessions. There is no standard protocol regarding the number of sessions and session intervals in this treatment. The frequency and number of applications may change with the recommendation of your doctor during your follow-ups, additional sessions may be recommended in the following periods for the continuation of the treatment effectiveness.

3. TREATMENT OBSTACLES OR RISKY SITUATIONS IN APPLICATION

It can be applied for the age range of 18-80 and the younger ages with parental approval. People with the following problems are not suitable candidates for the above mentioned application.

- 1) Acute, chronic infections and sepsis
- 2) SLE (systemic lupus), porphyria, severe allergic reaction
- 3) Known allergy to any of the substances to be applied
- 4) Infection at the application site
- 5) Presence of cancer or receiving chemotherapy treatments
- 6) Those who have a disease that suppresses the immune system or use drugs that suppress the immune system
- 7) Those with severe autoimmune disease, organ failure or systemic disease (such as diabetes, kidney failure, liver disease)
- 8) Abnormal platelet (trombocyt) dysfunctions (blood diseases; circulatory disorder, hypofibrinogenemia, critical thrombocytopenia)
- 9) Chronic liver disease
- 10) Anti-coagulant therapy
- 11) Pregnancy and breastfeeding period

- 12) Use of corticosteroids in the last 2 weeks before the procedure
- 13) Those with active psychological/psychiatric disorders

4. GENERAL RISKS AND UNDESIRE CONSEQUENCES (COMPLICATIONS)

Since injection is used in botox treatment, side effects such as pain and burning sensation at the injection site, bleeding, edema, bruising, irritation, short-term pink/redness of the skin, itching, nausea/vomiting, dizziness, which are not specific to the application and may develop due to any simple injection. effects may occur. Side effects such as infection, allergic reaction, small abscess or wounds, nodules, scars, spotting, collapse are other side effects that may occur due to the procedure. An adequate response may not be obtained from the treatment. Although no serious side effects were observed in the clinical studies reviewed, serious side effects were reported very rarely. In the case of serious effects, the duration of treatment may be prolonged or additional treatments may be needed.

5. SUCCESS STATUS

The success of the treatment may vary from person to person, and adequate response may not be obtained as a result of the treatment. No guarantee can be given regarding the result of the procedure. There is no definite number of applications. Therefore, repeated injections may be required.

6. TRANSACTION AND TRANSACTION COST

If you give approval after reading this form, you will also give your consent "that you have been informed about the cost of the transaction before the transaction and you have approved the cost of the transaction to be made".

You have the right to choose the auxiliary personnel that will participate in the applications. If you notify us, the most appropriate personnel exchange will be provided.

The side effects that will occur will be evaluated by your doctor and the improvement (prescription, medical intervention, emergency response) procedures will be done by your doctor and health personnel.

7. ALTERNATIVE TREATMENTS

If you give your consent after reading this form, you will also give your consent that you have been informed in detail by your doctor about the treatments that may be an alternative to the treatment to be applied.

8. THINGS TO CONSIDER BEFORE APPLICATION

- At least three days in advance; ginko biloba, blood thinners, high-dose vitamin E, green tea, aspirin, food supplements, non-steroidal anti-inflammatory (rheumatic) and blood thinners should be discontinued.
- No peeling or irritating medicine or cosmetic product has been used on the area to be treated for the last 1 week.
- While coming to the application, you should come well rested.

- Alcoholic beverages must not be consumed in the 12 hours before the application

9. THINGS TO CONSIDER AFTER APPLICATION

- Do not touch the application area.
- Make-up application should be done after at least 24 hours.
- Do not massage the application area for at least 1 week.
- Take care not to overuse your mimics in the application area for at least 3 days.
- Avoid contact with water, soap, cosmetics and similar products, irritating rubbing and scratching until 48 hours after the procedure.
- Avoid intense sports for 1 week.
- Avoid hot and steamy environments such as saunas and jacuzzis for 1 week.
- If lip augmentation has been made, do not contact with a hot-cold substance for 2-3 days.
- If anesthesia is given in the application of lip augmentation, do not eat or drink anything until the sensation returns (2-3 hours).
- Protect the application area from the sun after the application.
- Use the treatment recommended by your doctor.
- If an unexpected effect develops, please consult your treating doctor.
- You should not lie face down for the first 4 hours. On the first night, it will be more convenient to sleep on your back with a high pillow. ·
- In the first 24 hours, the face should not be rubbed, make-up or massage should not be applied to the face, hair should not be dyed and eyebrows should not be plucked. ·
- Due to the risk of infection, you should not swim in the pool for the first 3 days. ·
- For the first 3 days, alcohol, cigarettes, aspirin, pain relievers (ibuprofen, naproxen), blood thinners (coumadin, warfarin, clopidogrel), green tea should not be used, foods containing garlic, fish oil, vitamin C, vitamin E, niacin, ginkgo, ginseng, echinacea and high levels of sugar, sodium and caffeine should not be consumed. ·
- Skin care and peeling should not be applied to the face for the first week. ·
- Since the methods such as mesotherapy, PRP, HIFU (High Intensity Focused Ultrasound), laser and radio frequency to the area that is injected with botulinum toxin will shorten the effect time of botulinum toxin, these methods should not be applied without the approval of the physician. ·
- The use of vitamins and supplements can shorten the effect time of botox.

10. BY SIGNING THIS FORM, YOU WILL AGREE ON FOLLOWING ITEMS:

- I received detailed information about **Botulinum Toxin (BOTOX)**, which will be made by the doctor regarding the diagnosis and treatment of my medical condition.
- I was informed about the benefits of the treatment, the method of application, the obstacles to the treatment and the situations in which the treatment would be risky, the general risks and possible undesirable results, the frequency of application, the success status, the cost, alternative treatments, and the things to be considered before and after the application.
- I was told that without my permission, any medical intervention or treatment cannot be applied on me unless it is necessary.
- I was told that any additional action other than those described in this form could be taken against my will to prevent serious harm to my health and to save my life.
- I was told that there may not be a definite success as a result of the procedure and that the success rate may vary from patient to patient and that no guarantee is given in this regard.

WRITE AND SIGN THE FOLLOWING STATEMENT IN THE BELOW FIELD BY YOUR HANDWRITING.

“I WAS INFORMED ABOUT THE TRANSACTION AND PROCEDURES OF BOTULINUM TOXIN (BOTOX) APPLICATION. I HAVE READ, UNDERSTAND AND ACCEPT ALL THE CONDITIONS WITH MY FREE WILL EXPLAINED IN THIS FORM. I RECEIVED ONE COPY OF THIS FORM.”

THIS FORM HAS BEEN ISSUED IN 2 COPIES. 1 COPY WAS DELIVERED TO THE PATIENT.

PATIENT

NAME AND SURNAME :

PASSPORT NO :

INFORMATION DATE :/..../.... SIGNATURE:

WITNESS (IF POSSIBLE)

NAME AND SURNAME :

PASSPORT (OR CITIZENSHIP) NO :

TELEPHONE : SIGNATURE: