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Pre/Post Botox Treatment Instructions

Enhance the results that you experience from Dr. Hanlon treatment therapies by following a few simple instructions provided by your clinician. As a reminder, here are guidelines specific to each therapy. Feel free to contact us if you have any questions regarding your post-treatment regimen.

Before Your Botox Treatment

To avoid bruising it is best not to take any pain relievers that are blood thinners such as aspirin like Advil, Motrin, or Vitamin E. Avoid alcohol for a few days after treatment since it, too, is a blood thinner.

Do not use Botox if you are pregnant or breastfeeding, are allergic to any of its ingredients, or suffer from any neurological disorders. Please inform your clinician if you have any questions about this prior to the procedure.

Sunburned skin is difficult to treat so avoid exposure to the sun.
Avoid Waxing, bleaching, tweezing, or the use of hair removal cream on the area to be treated.

Avoid the use of Alpha Hydroxy Acids higher than 10% and avoid Retinoids.

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Inform your clinician if you have a history of Perioral Herpes to receive advice on antiviral therapy prior to treatment.

Always inform your clinician of all medications you may be taking as well as your medical history.

Botox Post-Treatment Instructions

You may have bruises in the areas treated with Botox. This is normal. It will take up to two weeks for you to experience the full effect of the Botox treatment. Remain patient. It takes time for the muscles to lose strength and the lines to fade following Botox treatments. Movement of lines diminished is OK. The objective of the Botox treatment is to improve the appearance of the lines, not necessarily paralyze the muscle. If we can achieve the improvement of the lines without complete paralysis in the area then you benefit from continued use of subtle facial expression in that area of your face.

It is best to try to exercise your treated muscles for 1-2 hours after treatment (e.g. practice frowning, raising your eyebrows, or squinting). This helps to work Botox Cosmetic into your muscles. Although thought to help, it will NOT impact your treatment negatively if you forget to do this.

Do NOT rub or massage the treated areas for 4 hours after your treatment. Do NOT practice Yoga or any type of strenuous exercise for 4 hours after treatment. Also, avoid facials or saunas for 4 hours after your treatment. This will minimize the risk of raising your blood pressure and therefore minimize the risk of temporary bruising. Feel free to shower and go about most other regular daily activities.

Do NOT lie down for 4 hours after treatment. This is to avoid the risk of pressure on the treated areas (from your pillow) and to avoid the risk of having the area rubbed accidentally.

Be assured that any tiny bumps or marks will go away within a few hours. If you need to apply make-up within 4 hours after your treatment, only use a GENTLE touch to avoid rubbing the treated area.

Results of your treatment may take up to 14 days to take full effect. Please wait until the 14 days has passed before assessing if you are pleased with the result.

Because Botox Cosmetic requires a special technique in order to customize the injections to your individual muscular structure, it is important that your muscle activity recover, BUT that your skin is not creasing to the point from where you started.

Botox Cosmetic is a temporary procedure and at first, you may find that your treatment results will last approximately 3 or 4 months. If you maintain your treatment appointments with the frequency recommended by your doctor, the duration of each treatment result may last longer than 4 months.

Initially our clinic sees patients the 3-month (12 week) and 4 month (16 week) time period. We are able to create the best clinical results for you during this period. If you allow Botox Cosmetic to wear off completely, it is difficult for the doctor to be able to see how your individual muscles reacted and therefore optimal results for your face can be more difficult to achieve.

We offer the special service of contacting you as a reminder prior to your booked appointment. If you have any questions or concerns, please feel free to call us.

REMEMBER YOUR SUNSCREEN EVERYDAY!

Consult your clinician if you have any questions or concerns.

TWHanlon

Patient Name: _____

Patient#: _____

Date: _____

CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate laser and injectable cosmetic treatment, we need you to complete the following questionnaire. All information is strictly confidential.

PERSONAL HISTORY

Date of Birth _____ Age _____ Occupation _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact Name _____ and Phone(____) _____

How were you referred to us? _____

Which of the following best describes your skin type? (Please circle one type number) Fitzpatrick Scale:

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Black skin

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No
If yes, for what: _____

Are you currently under the care of a dermatologist? Yes No
If yes, for what: _____

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? Yes No

Do you have any of the following medical conditions? (Please check all that apply)

- | | | | | |
|---|---|--|--|-------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Herpes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Frequent cold sores | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Keloid scarring | <input type="checkbox"/> Skin disease/Skin lesions | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hormone imbalance | <input type="checkbox"/> Thyroid imbalance | |
| <input type="checkbox"/> Blood clotting abnormalities | <input type="checkbox"/> Any active infection | <input type="checkbox"/> Shortness of breath | | |

Do you have any other health problems or medical conditions? Please list: _____

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced)

Food Latex Aspirin Lidocaine Hydrocortisone

Hydroquinone (skin bleaching agents)

Others: _____

If yes please explain: _____

Are you a smoker No Yes (if yes packs/day _____)

Please describe your alcohol use None Other (Describe): _____

MEDICATIONS

What oral medications are you presently taking? Blood pressure medications

Birth control pills Hormones (Estrogen) Others (Please list): _____

Aspirin Steroids Antibiotics

Are you on any mood altering or anti-depression medication? Yes No

Have you ever used Accutane? Yes No
If yes, when did you last use it? _____

What topical medications or creams are you currently using? Retin A
 Prescription skin care products
 Others (Please list): _____

What herbal supplements do you use regularly? (Please list): _____
St. John's Wort

HISTORY

Have you ever had Botox Cosmetic injections Yes No
If yes identify the location (s) _____

Have you ever had Restylane injections Yes No
If yes identify the location (s) _____

Have you ever had Sclerotherapy (spider vein treatment) Yes No
If yes identify the location (s) _____

Have you ever had laser hair removal? Yes No
Have you used any of the following hair removal methods in the past six weeks?

Shaving Waxing Electrolysis Plucking Tweezing
Stringing Depilatories

Have you had any **recent tanning** or sun exposure that changed the color of your skin? Yes No

Have you recently used any **self-tanning lotions** or treatments? Yes No

Do you form thick or raised **scars** from cuts or burns? Yes No

If yes, please describe: _____

Do you have **Hyperpigmentation (darkening of the skin)** or **Hypopigmentation (lightening of the skin)** or marks after physical trauma? Yes No

If yes, please describe: _____

For our female clients:

Are you pregnant or trying to become pregnant? Yes No

Are you breastfeeding? Yes No

Are you using contraception? Yes No

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, aesthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Client Signature _____

Date: _____

Provider Signature _____

Date: _____

BOTOX (Botulinum A Toxin) INFORMED CONSENT

I, _____, understand that I will be injected with Botulinum A Toxin (Botox) in the area of the glabella muscles to paralyze these muscles temporarily or in the forehead or crows feet around the lateral area of the eyes.

Botulinum A Toxin (Botox) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows.

Injection of Botox into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. It has been explained to me that other temporary and more permanent treatments are available.

The possible side effects of Botox include but are not limited to:

- 1. Risks: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.**
- 2. Infection:** Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
4. Although many people with chronic headaches or migraines often get relief from Botox, a small percent of patients get headaches following treatment with Botox, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.
6. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
8. While local weakness of the injected muscles is representative of the expected pharmacological action of Botox, weakness of adjacent muscles may occur as a result of the spread of the toxin.
- 9. Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.

10. Another risk when injecting Botox around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.

11. I will follow all aftercare instructions as it is crucial I do so for healing.

As Botox is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botox than others. In most cases this uneven appearance can be corrected by injecting Botox in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Botox as there are both known and unknown side effects associated with any medication or procedure.

Botox should not be administered to a pregnant or nursing woman.

Additionally,

The number of units injected is an estimate of the amount of Botox required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botox treatments with the above understood. I hereby release the doctor, the person injecting the Botox and the facility from liability associated with this procedure.

Patient Signature _____ *Date:* _____

BOTOX® ADVISORY & CONSENT

Botox® is used in the cosmetic treatment of wrinkles. The most frequently treated areas are between the eyebrows, the forehead, and lateral eyes (crow's feet). When it is injected into a muscle, it causes the muscle to relax and the wrinkle lines to diminish or disappear. Botox® usually lasts between 3 and 4 months. Repeat injections are needed to maintain the effect.

Complications are rare but may include a temporary weakness of the upper eyelid (ptosis) which may be treated with Iopidine eye drops. Bruising may also occur. Although headache, flu-like symptoms and nausea have been reported, the incidence is no higher than that seen with placebos. Botox® is not recommended for pregnant or nursing women.

It takes up to 10 days to get the full effect of Botox®. If there is any question of the effectiveness, you should return for an evaluation at that time.

I have read the above information and authorize the injections of Botox®.

Patient Signature: _____ Date: _____

Print Name: _____