Natalya Urovish M.D.

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Aesthetic Medicine & Skin Rejuvenation (516) 200-4821

INFORMED CONSENT — NEUROTOXIN AND DERMAL FILLER

Patient Name: _____ DOB: _____ Date: _____

1. PROCEDURE

I consent to treatment with botulinum toxin products (including but not limited to Botox, Dysport, Xeomin, Daxxify, or other neurotoxins) and dermal fillers (including but not limited to Juvederm, Restylane, Radiesse, Belotero (and other fillers) for cosmetic purposes.

2. REGULATORY STATUS & OFF-LABEL USE

I understand that certain uses of neurotoxins and dermal fillers may be off-label. I consent to such use when deemed appropriate by my provider.

3. EXPECTATIONS

I understand results vary, are not guaranteed, and are temporary. Neurotoxins typically last 3–4 months (Daxxify longer), and fillers vary from 6–24 months.

4. MEDICAL DISCLOSURE

Conditions / Medications / Supplements:

_____

_____

ALLERGY DISCLOSURE:

List any allergies: _____

☐ No known allergies to neurotoxin or filler products Initials _____

Pregnancy:

☐ Not pregnant / not breastfeeding — Initials _____

☐ Understand contraindication — Initials _____

5. NEUROTOXIN RISKS

Risks include bruising, swelling, asymmetry, eyelid or brow droop, headache, and rare systemic spread of toxin effect including difficulty swallowing, speaking, or breathing.

Patient Signature: _____ Date: _____

6. DERMAL FILLER RISKS

Risks include bruising, swelling, nodules, asymmetry, infection, and rare but serious vascular occlusion which may result in tissue necrosis or blindness. Emergency treatment may be required and outcomes are not guaranteed.

Patient Signature: _____ Date: _____

7. ALTERNATIVES

Alternatives include no treatment, topical treatments, lasers, or surgery.

8. COMPLIANCE

I agree to follow all pre- and post-care instructions.

9. NO GUARANTEE

No guarantees have been made regarding results.

10. FINANCIAL RESPONSIBILITY

All treatments are elective and non-refundable.

Patient Signature: _____ Date: _____

11. PHOTOGRAPHY CONSENT

☐ Medical documentation only ☐ Marketing use including partial facial features. Images may be used publicly without compensation.

Initials _____

12. NO MEDICAL CLAIM

These procedures are cosmetic and not intended to diagnose or treat medical conditions.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____