



SEI TU BELLA  
AESTHETICS

REGENERATIVE  
MEDICINE

### NEUROTOXIN CONSENT

I hereby acknowledge that I have been given the opportunity to ask questions regarding Botulinum Toxin treatment, and all of my questions have been answered to my satisfaction. I certify that I can read and understand English and voluntarily consent to treatment.

I hereby authorize the licensed medical provider and/or delegated medical professional at Sei Tu Bella Aesthetics to perform Botulinum Toxin injections for cosmetic and/or therapeutic purposes.

I understand that multiple FDA-approved Botulinum Toxin products may be utilized during my treatment, including but not limited to:

- \* Botox Cosmetic
- \* Dysport
- \* Xeomin
- \* Jeuveau
- \* DAXXIFY

I understand that these products are neuromodulators derived from Botulinum Toxin Type A and are intended to temporarily relax targeted muscles to improve the appearance of dynamic facial wrinkles and/or address therapeutic concerns.

I understand that my treatment may involve both FDA-approved indications and “off-label” uses. Off-label use refers to the legal and accepted medical practice of using an FDA-approved medication or device in a manner that differs from the specific indications listed on the product labeling. I understand that off-label use is common within aesthetic and medical practice and may be considered medically appropriate and within the standard of care based on clinical judgment, medical literature, provider training, and patient goals.

Examples of common off-label treatment areas may include, but are not limited to:

- \* Forehead balancing
- \* Bunny lines
- \* Lip flip/perioral lines
- \* Chin dimpling (“pebble chin”)
- \* DAO correction/downturned smile
- \* Gummy smile correction
- \* Masseter reduction/jaw slimming
- \* TMJ-related clenching or grinding
- \* Platysmal neck bands
- \* Nasal tip lift
- \* Facial slimming and contouring
- \* Hyperhidrosis (excess sweating)
- \* Other facial or body areas deemed appropriate by the provider

I understand that treatment areas may include:

- \* Glabellar lines (“11” lines between the eyebrows)
- \* Forehead lines
- \* Crow’s feet
- \* Other FDA-approved and/or off-label areas as determined appropriate by my provider

I understand that results vary among individuals and are not guaranteed. The onset, longevity, and effectiveness of treatment differ depending on the product used, metabolism, muscle strength, dosage, and lifestyle factors. Typical duration may range from approximately 2–6 months depending on the specific neuromodulator utilized.

I understand that the goal of treatment is improvement—not perfection—and that asymmetry may exist naturally or may occur following treatment. Additional treatments or touch-ups may be necessary to achieve optimal results and may incur additional charges.

I understand and acknowledge the potential risks, side effects, and complications associated with Botulinum Toxin injections, including but not limited to:

- \* Pain, redness, swelling, tenderness, itching, or bruising at injection sites
- \* Temporary bumps or localized skin irritation
- \* Headache or flu-like symptoms
- \* Infection
- \* Nausea or dizziness
- \* Allergic or hypersensitivity reactions
- \* Temporary asymmetry or uneven results
- \* Inadequate effect or shorter/longer duration than expected
- \* Eyelid or brow drooping (ptosis)
- \* Double vision, blurred vision, dry eyes, tearing, or impaired blinking
- \* Difficulty smiling, speaking, chewing, swallowing, or drinking
- \* Weakness of nearby or unintended muscles due to toxin spread
- \* Neck weakness
- \* Difficulty breathing in rare cases
- \* Corneal irritation or ulceration secondary to decreased blinking
- \* Need for additional corrective treatment
- \* Rare but serious systemic spread of toxin effect

I understand that serious complications, although uncommon, can occur hours to weeks after treatment. I understand I should seek immediate medical attention if I experience:

- \* Difficulty breathing
- \* Difficulty swallowing
- \* Difficulty speaking
- \* Severe muscle weakness
- \* Vision changes
- \* Allergic reactions including wheezing, rash, hives, or fainting

I understand that Botulinum Toxin products should not be administered during pregnancy or while breastfeeding. I affirm that I am not currently pregnant or nursing, or I have discussed the associated risks with my provider.

I understand that I must disclose all medical conditions, medications, supplements, allergies, prior neuromodulator treatments, and neuromuscular disorders including but not limited to:

- \* Myasthenia gravis

- \* Lambert-Eaton syndrome
- \* ALS (Lou Gehrig's disease)
- \* Other neurological or muscular conditions

I understand that certain medications may increase risks or bruising, including blood thinners, aspirin, NSAIDs, antibiotics, muscle relaxants, sleep medications, and herbal supplements.

I acknowledge that the dosing units of each Botulinum Toxin product are unique and are not interchangeable or directly comparable between brands.

I understand that post-treatment instructions are important to optimize results and reduce complications. I agree to follow all aftercare instructions provided by my treating provider.

I understand that aesthetic medicine is not an exact science and that no guarantees or warranties have been made regarding the outcome of my treatment.

By signing below, I acknowledge that:

- \* I have read and fully understand this consent form.
- \* I understand the risks, benefits, alternatives, and limitations of treatment.
- \* I understand and consent to both FDA-approved and off-label uses of Botulinum Toxin products when deemed medically appropriate by my provider.
- \* I have had the opportunity to ask questions.
- \* I voluntarily consent to treatment with Botulinum Toxin products as deemed appropriate by my provider.

I understand and acknowledge that Neurotoxin administration has both on and off-label indicators and I consent to what is recommended by my provider.

I take full liability and responsibility for any and all risks, undesired outcomes, or adverse events associated with the procedure and will not hold the providers or Sei Tu Bella Aesthetics LLC for any unfavorable outcome or adverse event. I release Sei Tu Bella Aesthetics LLC, owners, and medical staff from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. I relieve Heather Merlo, APRN, FNP-C, Medical Director Dr. Fernando Jara and Sei Tu Bella Aesthetics LLC, from all legal action pertaining to this treatment.

I take full liability and responsibility for any and all risks, undesired outcomes, or adverse events associated with the procedure and will not hold the providers or Sei Tu Bella Aesthetics LLC for any unfavorable outcome or adverse event. I release Sei Tu Bella Aesthetics LLC, owners, and medical staff from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. I relieve Heather Merlo, APRN, FNP-C, Medical Director Dr. Fernando Jara and Sei Tu Bella Aesthetics LLC, from all legal action pertaining to this treatment.