



## CLIENT INFORMATION & MEDICAL HISTORY

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

### PERSONAL INFORMATION

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

What is the best number for you to receive a follow up call this evening? \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

### MEDICAL HISTORY

Are you currently under the care of a physician? YES / NO

If yes, for what? \_\_\_\_\_

Do you have any of the following medical conditions? (Please marke YES or NO to all)

PLEASE CHECK ALL THAT APPLY:	YES	NO		YES	NO
Cancer			Diabetes		
High Blood Pressure			Herpes		
Arthritis			Frequent cold sores		
HIV/AIDS			Keloid scarring		
Skin disease			Skin Lesions		
Seizure Disorder			Hepatitis		
Hormone Imbalance			Thyroid Imbalance		
Blood Clotting Abnormalities			Any active infection		
Heart Conditions					
Are you pregnant or trying to get pregnant?			Are you breastfeeding?		
Are you using contraception?			Birth control pills		
NEUROLOGIC DISEASES:			Parkinson's		

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Myasthenia Graves			Multiple Sclerosis (MS)		
Lambert-Eaton Syndrome			Amuotrophic Lateral Sclerosis (ALS)		

What oral prescription medications are you presently taking? \_\_\_\_\_

What antibiotics do you use to treat infections? \_\_\_\_\_

Are you presently taking any of the following medication or supplements listed below?

	YES	NO		YES	NO	YES	NO
Aspirin			Blood thinners			Hormones	
Mood altering medication			Anti-depression medication			Vitamin E	
Fish Oil			Omega 3 fatty acids			Ginkgo biloba	
Garlic			Ginger			Cayenne	
Licorice			Flax seed oil			COQ10	

**ALLERGIES**

Do you have any of the below allergies?

1. **FOOD**
2. **ANIMAL PROTEIN**
3. **ASPIRIN**
4. **LIDOCAINE**
5. **HYDROCORTISONE**
6. **EGGS**
7. **LATEX**
8. **HYDROQUINONE OR SKIN BLEACHING AGENTS.**

**FACIAL HISTORY**

1) What bothers you most about your facial appearance? \_\_\_\_\_

2) What are your expectations for today's visit? \_\_\_\_\_

Do you regularly sun bathe or use tanning salons? \_\_\_\_\_ How often? \_\_\_\_\_

What topical medications or creams are you currently using?  RetinA  Other

(Please list): \_\_\_\_\_

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Have you waxed, tweezed, bleached or used hair removal cream withing the last week? YES / NO If yes, please specify: \_\_\_\_\_

Have you ever had botox or dermal fillers? YES / NO

If yes, When were you last treated: \_\_\_\_\_

Any complications? YES / NO If yes, please specify: \_\_\_\_\_

Have you taken any Aspirin, Ibuprophen, Motrin, Tylenol, Fish Oil, Vitamin E, Blood Thinners, Alcoholic Beverages in the last ten days? YES / NO

If yes, what?\_ \_\_\_\_\_

**FACIAL INJURY TRAUMA HISTORY**

1) Is there any history of facial surgery? YES / NO

Describe: \_\_\_\_\_  
—

2) Is there any recent history of trauma to the head or face? YES / NO

Describe: \_\_\_\_\_  
—

3) Any TMJ problems? Pain Clenching Grinding

Describe: \_\_\_\_\_

**BRILLIANT DISTINCTIONS**

Are you currently enrolled in the Brilliant Distinctions Program? YES / NO

If yes, please provide us with your member number: \_\_\_\_\_

*If not*, Brilliant Distinctions is a program that rewards you with savings on Allergan facial treatments and products, like Botox and Juvederm. Ask us for details on how to sign up.

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



Signature \_\_\_\_\_

Date \_\_\_\_\_

## **BOTOX & FILLER PRE-TREATMENT INSTRUCTIONS 7 Days**

### **Before**

To avoid bruising it is best not to take any anti-inflammatory medication or pain relievers that are blood thinners such as aspirin, Tylenol, Advil, or Motrin  
Avoid the following vitamins & supplements: Vitamin E, Fish Oil, Omega 3 fatty acids, Ginkgo biloba, Garlic, Ginger, cayenne, licorice, flax seed oil and COQ10  
Avoid drinking alcohol a few days before treatment since it, too, is a blood thinner  
Sunburned skin is difficult to treat so avoid exposure to the sun before your

appointment

Avoid waxing, bleaching, tweezing, facial scrubs or the use of hair removal cream on the area to be treated

Avoid the use of Alpha Hydroxy Acids higher than 10%, Retinol and Retinol A  
If you have a tendency to bruise easily, start taking Arnica Montana, an oral

homeopathic medication 3-4 days before treatment to help promote healing, minimize bruising and swelling. It is available at health food stores, Whole Foods and the Giant Eagle pharmacy department. It comes in an oral tablet and a topical cream. The cream may be helpful after treatment.

If you have a history of cold sores (Perioral Herpes) the doctor will prescribe a medication for you to start the day before or the day of treatment.

Always inform your clinician of all medications including antibiotics, high blood pressure medication, Coumadin, Plavix, or other blood thinners as well as your medical history.

### **Other Important Information:**

Patients should be in good overall health.

Do not use Botox or dermal fillers if you are pregnant/breastfeeding,

Do not use Botox if you are allergic to eggs or any of its ingredients or if you suffer from any neurological disorders.

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Active skin infections are a contraindication to treatment

It is not recommended to have Botox treatments less than 90 days apart.

Stay well hydrated before and after filler treatment. Dermal filler attracts and binds to water to add volume to the skin.

The most common side effect is bruising and swelling. It is NOT advisable to have injections less than 2 weeks before a big event.

Schedule a follow up appointment 2 weeks after treatment.

## **BOTOX & FILLER POST-TREATMENT INSTRUCTIONS**

Do not massage, rub or apply pressure to the treated area for 6 hours after treatment

Avoid aspirin, ibuprofen, and drinking alcohol for a few days following treatment

Do not exercise for 24 hrs.

Apply topical Arnica Montana cream to any areas with redness, bruising or swelling

Avoid exposure to the sun and cold outdoor activities until redness from treatment

disappears

Do not restart Retinol or Retin-A for 2 days

### **IF YOU HAD BOTOX TODAY:**

Stay erect; do not lie down for at least 4 hours

You may experience occasional tingling sensations

An immediate headache is common especially, if it is your first botox treatment

It can take 2-14 days to take full effect. Botox can last 3-4 months.

Makeup can be reapplied after treatment

### **IF YOU HAD FILLER TODAY:**

Avoid kissing, puckering, using a straw, and “lip plumpers”. This can displace the filler material and cause complications.

Immediately apply ice to the area treated with very light pressure to reduce swelling. Ice should be applied for 10-20 minutes and then removed for 10-20 minutes. This cycle can be continued throughout today.

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Mild to moderate bruising is very common with fillers. Apply Topical and/or oral Arnica Montana to help with any areas of bruising and/or swelling.

Stay well hydrated can improve results. Filler attracts and binds to water to add volume to the skin.

Avoid facials, peel, micro-dermabrasion, dental treatment, “face down” massages for two weeks. Also, sleep on your back for the next few nights.

If possible, avoid makeup today. Gentle cleansing and moisturizer is fine.

The effect of filler is immediate with full effect in 7 days.

**\*\*CALL YOUR DOCTOR OR THE OFFICE IMMEDIATELY TO REPORT ANY PAIN, REDNESS, BLISTERS, ITCHING, OR SKIN BLANCHING AT**

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**\*REMEMBER TO SIGN UP FOR BRILLIANT DISTINCTIONS AND CALL THE OFFICE WITH YOUR MEMBER NUMBER SO YOU CAN EARN REWARD POINTS FOR TODAY’S TREATMENT.**



## Adult/Minor Model Release Form

Date of Photos \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of  
Model: \_\_\_\_\_

I hereby grant the photographer and any licences the absolute right to copyright, sell, publish and/or use the photographic portraits and pictures of me or which I am included in whole or part, for advertising, trade or any lawful purpose whatever I waiver any interest I may have in.

I am of legal age and have the full legal capacity to execute this authorization without the consent or knowledge of any other person.

I understand I have no interest in the copyrights to any of the photographs.

Patient  
Signature: \_\_\_\_\_

Photographer  
Signature: \_\_\_\_\_

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## **INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT**

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### **THE TREATMENT**

Botulinum toxin, Botox<sup>®</sup>, Dysport<sup>®</sup>, Xeomin<sup>®</sup> are neurotoxins produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or essentially disappear. Areas most frequently treated are: a) globellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); c) forehead wrinkles; d) radial lip lines (smokers lines); e) head and neck muscles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results can last up to 3 months. With repeated treatments, the results may tend to last longer.

### **RISKS AND COMPLICATIONS**

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1. Post treatment discomfort, swelling, redness, and bruising. 2. Double vision, 3. A weakened tear duct, 4. Post treatment bacterial, and/or fungal infection requiring further treatment, 5. Allergic reaction, 6. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 7. Occasional numbness of the forehead lasting up to 2-3 weeks, 8. Transient headache and 9. Flu-like symptoms may occur.

### **PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE**

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenia gravis, multiple sclerosis, lambert-eaton syndrome, amyotrophic lateral sclerosis (ALS), and parkinson's. I do not have any allergies to the toxin ingredients, to human albumin or eggs.

### **ALTERNATIVE PROCEDURES**

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

### **PAYMENT**

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment.

### **RIGHT TO DISCONTINUE TREATMENT**



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I understand that I have the right to discontinue treatment at any time.

**RESULTS**

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts up to 3 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. I understand that I will not be able to use the muscles injected as before while the injection is effective but that this will reverse after a period of months at which time re=treatment is appropriate, I understand that I must stay in the erect posture and that I must not manipulate the area(s) of the injections for the 4 hours post-injection period.

I understand this is an elective procedure and I hereby voluntarily consent to treatment with botulinum toxin injections for facial dynamic wrinkles, TMJ dysfunction, bruxism and types of orofacial pain, including headaches and migraines. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

Patient Name (Print)  
Date

Patient Signature

I am the treating healthcare professional, I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this formed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

Doctor Name (Print)  
Date

Doctor Signature

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## **INFORMED CONSENT FOR DERMAL FILLER TREATMENT**

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### **THE TREATMENT**

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

Treatment with dermal fillers (such as Juvederm Ultra and Ultra Plus, Restylane, Belotero, Radiesse, Voluma and others) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately.

### **RISKS AND COMPLICATIONS**

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extend outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, bruising, and discoloration; 2) Post treatment infection associated with any transcutaneous injection; 3) Allergic reaction; 4) Reactivation of herpes (cold sores); 5) Lumpiness, visible yellow or white patches;

6) Granuloma formation; 7) Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

### **PREGNANCY AND ALLERGIES**

I am not aware that I am pregnant, I am not trying to get pregnant, I am not lactating (nursing), I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.

### **ALTERNATIVE PROCEDURES**

Alternative procedures and options that I have volunteered for have been fully explained to me.

### **PAYMENT**

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment.

### **RIGHT TO DISCONTINUE TREATMENT**



I understand that I have the right to discontinue treatment at any time.

## RESULTS

Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Its effect can last up to 6 months. Most patients are pleased with the results of dermal fillers use. However, like any esthetic procedure, there is no guarantee that you will not require additional treatments to achieve the results you seek. The dermal filler procedure is temporary and additional treatments will be required periodically, generally within 4-6 months and up to one year, involving additional injections for the effect to continue. I am aware that follow-up treatments will be needed to maintain the full effects. I am aware the duration of treatment is dependent on many factors but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. The correction, depending on these

factors, may last up to 1 year and in some cases shorter and some longer. I have been instructed in and understand the post-treatment instructions.

I understand this is an elective procedure and I hereby voluntarily consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, establish proper lip and smile lines, and replacing facial volume. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/ healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

Patient Name (Print)

Patient Signature

Date

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Doctor Name (Print)

Doctor Signature

Date

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**MEDICATION GUIDE**

**BOTOX® and BOTOX® Cosmetic (Boe-tox)**

**(onabotulinumtoxinA) for Injection**

Read the Medication Guide that comes with **BOTOX®** or **BOTOX® Cosmetic** before you start using it and each time it is given to you. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. You should share this information with your family members and caregivers.

**What is the most important information I should know about BOTOX and BOTOX Cosmetic?**

**BOTOX and BOTOX Cosmetic may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems after treatment with BOTOX or BOTOX Cosmetic:**

- **Problems swallowing, speaking, or breathing.** These problems can happen hours to weeks after an injection of **BOTOX** or **BOTOX Cosmetic** usually because the muscles that you use to breathe and swallow can become weak after the injection. Death can happen as a complication if you have severe problems with swallowing or breathing after treatment with **BOTOX** or **BOTOX Cosmetic**.
- People with certain breathing problems may need to use muscles in their neck to help them breathe. These patients may be at greater risk for serious breathing problems with **BOTOX** or **BOTOX Cosmetic**.
- Swallowing problems may last for several months. People who cannot swallow well may need a feeding tube to receive food and water. If swallowing problems are severe, food or liquids may go into your lungs. People who already have swallowing or breathing problems before receiving **BOTOX** or

**BOTOX Cosmetic** have the highest risk of getting these problems.

- **Spread of toxin effects.** In some cases, the effect of botulinum toxin may affect areas of the body away from the injection site and cause symptoms of a

serious condition called botulism. The symptoms of botulism include:

- loss of strength and muscle weakness all over the body
- double vision
- blurred vision and drooping eyelids
- hoarseness or change or loss of voice (dysphonia)
- trouble saying words clearly (dysarthria)
- loss of bladder control
- trouble breathing
- trouble swallowing

These symptoms can happen hours to weeks after you receive an injection of **BOTOX** or **BOTOX Cosmetic**.

These problems could make it unsafe for you to drive a car or do other dangerous activities. See “What should I avoid while receiving **BOTOX** or **BOTOX Cosmetic**?”

There has not been a confirmed serious case of spread of toxin effect away from the injection site when **BOTOX** has been used at the recommended dose to treat severe underarm sweating, blepharospasm, or strabismus, or when **BOTOX Cosmetic** has been used at the recommended dose to treat frown lines.

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**What are BOTOX® and BOTOX® Cosmetic?**

**BOTOX** is a prescription medicine that is injected into muscles and used:

- to treat increased muscle stiffness in elbow, wrist, and finger muscles in adults with upper limb spasticity.
- to treat the abnormal head position and neck pain that happens with cervical dystonia (CD) in adults.
- to treat certain types of eye muscle problems (strabismus) or abnormal spasm of the eyelids (blepharospasm) in people 12 years and older.

**BOTOX** is also injected into the skin to treat the symptoms of severe underarm sweating (severe primary axillary hyperhidrosis) when medicines used on the skin (topical) do not work well enough.

**BOTOX Cosmetic** is a prescription medicine that is injected into muscles and used to improve the look of moderate to severe frown lines between the eyebrows (glabellar lines) in adults younger than 65 years of age for a short period of time (temporary).

It is not known whether **BOTOX** is safe or effective in children younger than:

- 18 years of age for treatment of spasticity
- 16 years of age for treatment of cervical dystonia
- 18 years of age for treatment of hyperhidrosis
- 12 years of age for treatment of strabismus or blepharospasm

**BOTOX Cosmetic** is not recommended for use in children younger than 18 years of age.

It is not known whether **BOTOX** and **BOTOX Cosmetic** are safe or effective for other types of muscle spasms or for severe sweating anywhere other than your armpits.

**Who should not take BOTOX or BOTOX Cosmetic?**

Do not take **BOTOX** or **BOTOX Cosmetic** if you:

- are allergic to any of the ingredients in **BOTOX** or

**BOTOX Cosmetic.**

See the end of this Medication Guide for a list of ingredients in **BOTOX** and **BOTOX Cosmetic**.

- had an allergic reaction to any other botulinum toxin product such as *Myobloc*® or *Dysport*®
- have a skin infection at the planned injection site

**What should I tell my doctor before taking BOTOX or BOTOX Cosmetic?**

**Tell your doctor about all your medical conditions, including if you have:**

- a disease that affects your muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig's disease], myasthenia gravis or Lambert-Eaton syndrome). See "What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic**?"
- allergies to any botulinum toxin product
- had any side effect from any botulinum toxin product in the past
- a breathing problem, such as asthma or emphysema
- swallowing problems
- bleeding problems

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- plans to have surgery
- had surgery on your face
- weakness of your forehead muscles, such as trouble raising your eyebrows
- drooping eyelids
- any other change in the way your face normally looks
- are pregnant or plan to become pregnant. It is not known if

**BOTOX® or BOTOX® Cosmetic** can harm your unborn baby.

- are breast-feeding or plan to breastfeed. It is not known if

**BOTOX** or **BOTOX Cosmetic** passes into breast milk.

**Tell your doctor about all the medicines you take**, including prescription and nonprescription medicines, vitamins and herbal products. Using **BOTOX** or **BOTOX Cosmetic** with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX or BOTOX Cosmetic in the past.**

Especially tell your doctor if you:

- have received any other botulinum toxin product in the last four months
- have received injections of botulinum toxin, such as *Myobloc®* (rimabotulinumtoxinB) or *Dysport®* (abobotulinumtoxinA) in the past. Be sure your doctor knows exactly which product you received.
- have recently received an antibiotic by injection
- take muscle relaxants
- take an allergy or cold medicine
- take a sleep medicine

**Ask your doctor if you are not sure if your medicine is one that is listed above.**

Know the medicines

you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

**How should I take BOTOX or BOTOX Cosmetic?**

- **BOTOX** or **BOTOX Cosmetic** is an injection that your doctor will give you.
- **BOTOX** is injected into your affected muscles or skin.
- **BOTOX Cosmetic** is injected into your affected muscles.
- Your doctor may change your dose of **BOTOX** or

**BOTOX Cosmetic**, until you and your doctor find the best dose for you.

**What should I avoid while taking BOTOX or BOTOX Cosmetic?**

**BOTOX** and **BOTOX Cosmetic** may cause loss of strength or general muscle weakness, or vision problems within hours to weeks of taking **BOTOX** or **BOTOX Cosmetic**. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.** See “What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic**?”

**What are the possible side effects of BOTOX and BOTOX Cosmetic?**

**BOTOX** and **BOTOX Cosmetic** can cause serious side effects.

See “What is the most important information I should know about

**BOTOX** and **BOTOX Cosmetic**?”



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**Other side effects of BOTOX® and BOTOX® Cosmetic include:**

- dry mouth
- discomfort or pain at the injection site
- tiredness
- headache
- neck pain
- eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.
- allergic reactions. Symptoms of an allergic reaction to **BOTOX** or **BOTOX Cosmetic** may include: itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you are wheezing or have asthma symptoms, or if you become dizzy or faint.

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of **BOTOX** and **BOTOX Cosmetic**. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**General information about BOTOX and BOTOX Cosmetic:** Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

This Medication Guide summarizes the most important information about **BOTOX** and **BOTOX Cosmetic**. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about **BOTOX** and **BOTOX Cosmetic** that is written

for healthcare professionals. For more information about **BOTOX** and **BOTOX Cosmetic** call Allergan at 1-800-433-8871 or go to [www.botox.com](http://www.botox.com).

**What are the ingredients in BOTOX and BOTOX Cosmetic?** Active ingredient: botulinum toxin type A

Inactive ingredients: human albumin and sodium chloride

**Issued: 03/2010**

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Manufactured by: Allergan Pharmaceuticals Ireland

a subsidiary of: Allergan, Inc.

2525 Dupont Dr.

Irvine, CA 92612

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U.S. Patents 6,974,578; 6,683,049; and 6,896,886

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*Dysport*® is a registered trademark of Ipsen Biopharm Limited

Company.

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## **BoNT-A Cosmetic MEDICATION GUIDE**

Due to the fact that there are now multiple Botulinum Toxin, Type A products on the market, the FDA has required that all Botulinum toxin, Type A products carry a black box warning label to alert the public of possible adverse reactions or side effects of the toxins, as well as proper use of the toxins, and risk factors associated with their use. This is due to the fact that not all Botulinum toxins are created equal, and the public has a right to be made aware of the differences associated with each toxin that is available to you for injection. The 3 Botulinum toxins available in the USA are Botox<sup>→</sup>, Dysport<sup>→</sup>, and Xeomin<sup>→</sup>. This form is the black box warning that is now required to be present on package inserts. It is important to note that all BoNT-A products are required by the FDA to include the black box warning on package inserts.

Please read the following form, which is the black box warning now on all package inserts of Botox<sup>→</sup>, Dysport<sup>→</sup>, and Xeomin<sup>→</sup> and sign the bottom stating we have made you aware of these new requirements by the FDA.

I have received a copy of the MEDICATION GUIDE for BOTOX<sup>→</sup> Cosmetic for Injection.

Initial if true \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Dr. \_\_\_\_\_ Signature: \_\_\_\_\_