

JEUVEAU

PRE & POST-TREATMENT INSTRUCTIONS

1 DAY BEFORE treatment:

- Print and fill out this intake form and bring it with you to your appointment. If you are unable to print the form, please come to your appointment 15 minutes early.

3 DAYS BEFORE treatment:

- AVOID topical products such as Tretinoin (Retin-A), Retinols, Retinoids, Glycolic Acid, Alpha Hydroxy Acid, or other “anti-aging” products. Also AVOID waxing, bleaching, tweezing, or the use of hair removal cream on the area to be treated.

7 DAYS BEFORE treatment:

- AVOID blood thinning over-the-counter medications such as Aspirin, Motrin, Ibuprofen, and Aleve. Also avoid herbal supplements, such as Garlic, Vitamin E, Ginkgo Biloba, St. John’s Wort, and Omega-3 capsules.
- Do not drink alcoholic beverages 24 hours before your treatment to avoid extra bruising.
- Inform your provider if you have a history of Perioral Herpes to receive advice on antiviral therapy prior to treatment.
- Do not use JEUVEAU if you are pregnant or breastfeeding, are allergic to any of its ingredients, or suffer from any neurological disorders. Please inform your provider if you have any questions about this prior to the treatment. Day of Treatment
- Arrive to the office with a “clean face”. **Please do not wear makeup.** You may bring your own makeup to apply after your treatment.
- You may experience a mild amount of tenderness or a stinging sensation following injection. Redness and swelling are normal. Some bruising may also be visible. You may experience some tenderness at the treatment site(s) that can last for a few hours or a few days. You may have bruises in the areas treated.

IMMEDIATELY AFTER treatment:

- It is best to try to exercise your treated muscles for 1-2 hours after treatment (e.g. practice frowning, raising your eyebrows, and squinting). This helps to work JEUVEAU into your muscles.
- Stay in a vertical position for four hours following injection.
- DO NOT “rest your head” or lie down; sit upright.
- You may apply an ice or cold gel pack to the area(s) treated (avoiding pressure) as this helps reduce swelling and the potential for bruising. Once you have adequately cooled/iced the area(s) as instructed and any pinpoint bleeding from the injection site(s) has subsided, you may begin wearing makeup.
- AVOID placing excessive pressure on the treated area(s) for the first few days; when cleansing your face or applying makeup, be very gentle.
- AVOID exercise or strenuous activities for the remainder of the treatment day; you may resume other normal activities/routines immediately.
- You may take Acetaminophen/Tylenol if you experience any mild tenderness or discomfort.
- AVOID extended UV exposure until any redness/swelling has subsided.
- Be sure to apply an SPF 30 or higher sunscreen.
- Wait a minimum of 24 hours (or as directed by your provider) before receiving any skin care or laser treatments.



APPROXIMATE AMOUNT OF JEUVEAU THAT MAY BE USED

Treatment Areas	Muscles Targeted	Usual Total Dose (units)
Frown lines	Glabellar complex	20-25 units
Horizontal forehead lines	Frontalis	10-20 units
Crow's feet	Lateral orbicularis oculi	6-12 units
Bunny lines	Nasalis	2-4 units

* Each unit of Jeuveau will cost \$12.00



JEUVEAU INTAKE

FULL NAME

DATE

DATE OF BIRTH

AGE

PHONE

EMAIL

ADDRESS

CITY

STATE

EMERGENCY CONTACT (*Name / Relationship / Phone)

YOUR CONCERNS | WHAT AREAS WOULD YOU LIKE TREATED?

PAST COSMETIC TREATMENT HISTORY

YES NO

- Botox
- Facial surgery
- Permanent implants in the face
- Permanent fillers
- Juvederm products
- Skin tightening

Are you pregnant or nursing?

ALLERGIES

JEUVEAU MEDICAL

FULL NAME

DATE

PAST MEDICAL HISTORY

PLEASE LIST ALL OF YOUR CURRENT MEDICAL CONDITIONS.

MEDICATIONS

PLEASE LIST ALL OF YOUR CURRENT PRESCRIPTION, OTC, HERBAL PRODUCTS THAT YOU ARE TAKING.

JEUVEAU

CONSENT FOR TREATMENT

FULL NAME

DATE

This consent form is designed to provide the information needed when considering whether or not to undergo JEUVEAU treatment for facial and neck wrinkles. Injection of JEUVEAU causes weakness of targeted muscles, which can last approximately 3-4 months. Injection of small amounts of JEUVEAU relaxes the treated muscles and can reduce facial wrinkles such as frown lines. JEUVEAU solution is injected with a small needle into the targeted muscles. Effects are typically seen in a few days and can take 1-2 weeks to fully develop. JEUVEAU is approved for the temporary treatment of moderate to severe dynamic frown lines in adults aged 18 to 65 years and is used off-label for all other cosmetic treatment areas. The risks, side effects and complications in the treatment with JEUVEAU on facial and neck areas include, but are not limited to the following;

- Localized burning or stinging pain during injection
- Bruising
- Weakness
- Redness
- Tenderness
- Swelling
- Infection
- Numbness
- Headache
- Anxiety
- Vasovagal episode with loss of consciousness
- Worsening of eye bags
- Lip ptosis with resultant smile asymmetry
- Oral incompetence (drooling and/or impaired speaking, eating, drinking)
- Cheek flaccidity
- Dysarthria (difficulty articulating)
- Hypersensitivity reaction
- Facial asymmetry, alteration, or poor results
- Blepharotosis (droopy eyelid)
- Eyebrow ptosis (droopy eyebrow)
- Photophobia (light sensitivity)
- Impaired eyelid closure and blink reflex
- Ectropian (lower eyelid exposure)
- Lagophthalmosis (incomplete eyelid closure)
- Xerophthalmia (dry eyes)
- Epiphora (tearing)
- Diplopia (double vision) or vision changes
- Hoarseness
- Neck weakness
- Weakening of muscles adjacent to the intended treatment area
- Autoantibodies against botulinum toxin may be present or develop after treatments rendering treatments ineffective
- Dysphagia (difficulty swallowing)
- Inadequate reduction of wrinkles lack of intended effect

Post-marketing safety data suggest that JEUVEAU effects may, in some cases, be observed beyond the site of local injection. The symptoms may include generalized muscle weakness, double vision, blurred vision, eyelid droop, difficulty swallowing, difficulty speaking, urinary incontinence and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death related to spread of toxin effects. Photographs taken shall be part of the medical record and used for documentation of response to treatment.

My signature below certifies that I have fully read this consent form and understand the information provided to me regarding the proposed procedure. I have been adequately informed about the procedure including the potential benefits and limitations, and I have had all questions and concerns answered to my satisfaction. I understand that results are not guaranteed and I accept the risks, side effects, and possible complications inherent in understanding JEUVEAU treatments. I hereby release **Dr. Liapin / IM-Oasis, LLC** from all liabilities associated with this procedure.

Signature: _____ Date: _____

Print Name: _____

IM-OASIS, LLC

Please Initial

PATIENT PHOTOGRAPHY RELEASE FORM

Date.....

Full Name

Date of Birth

Email

Contact Number

I _____, authorize _____ staff representatives, to take photographs of my body/face for medical purposes to be used for my patient care, marketing, literature and/or case presentations.

I understand that:

- Photographs are taken to capture treatment outcomes for the _____ procedure.
- They may be used for print, visual or electronic media including but not limited to, scientific presentations, websites, and for purposes of informing the medical profession or general public about the procedure. These uses may also include marketing on behalf of _____.

The images taken of me may be published by _____ and its agents.

- I will not be identified by name in any of the published materials.
- My face will not be shown in the photographs nor will they reveal my identity.
- I have the right to revoke this authorization in writing at any time through a written revocation to _____.

I hereby release _____ and its agents from any and all claims and demands arising out of, or in conjunction with, the use of the photographs.

I certify that I have read this release carefully and fully understand its terms. If I have any questions I can contact _____ at the details shown below. If under 18, a guardian or parent must sign.

Client Name

Date

Client Signature

Witness Signature