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FACIAL AESTHETICS CONSENT FORM

Botulinum Toxin Consent

All foreseeable risks of botulinum toxin therapy have been thoroughly explained to me. My questions regarding the treatment procedure, its potential side effects and contraindications were answered to my full satisfaction. I also had adequate time to consider my decision.

I understand that I am free to revoke my consent at any time without the need to give any reasons.

By placing my signature below, I declare my consent to cosmetic treatment with botulinum toxin type A

Signature of Patient

Date

Witnessed by (signature of nurse)

Dermal Filler - Juvéderm®ULTRA Consent

I confirm that my treating practitioner has:

- Provided me with sufficient information about the treatment in order to make an informed decision.
- Given me the opportunity to ask all remaining questions I may have about the treatment, and has answered them to the best of their ability.
- Given me the time to consider the treatment.
- Received the relevant medical history information from me to the best of my knowledge.

I therefore consent to receiving the described treatment by my treating practitioner.

Signature of Patient

Date

Witnessed by (signature of nurse)