

Botox®/Vistable® Consent Form

I confirm that Dr David Buckley of the Kerry Skin Clinic, who uses Botox ®/Vistable® for aesthetic treatments, has given me sufficient information to enable me to understand the use of the product in accordance with the approved indication. I have received information regarding the product's contra-indications and potential undesirable effects. I have been given the opportunity to ask questions about the proposed treatment. When completing the medical history questionnaire, I have answered the questions fully and to the best of my ability. I have also given further details relating to my medical history when asked. **I confirm I have been informed that:**

Botox®/Vistable® is injected into the dermis to correct **dynamic wrinkles** and lines of the forehead which occur when you use your muscles to make facial expressions. **Static wrinkles** that are present when you are not forming facial expressions, (i.e. when your face is at rest) will **NOT** disappear with Botox®/Vistable® but may soften with this treatment. Due to the use of a tiny needle, there is likely to be some bleeding at the injection site. Reactions giving rise to, for example, redness and swelling may occur after the injection and this may be associated with stinging, itching or discomfort upon pressure at the injection site. This reaction may last for several days. Very rarely discolorations of the injection site, necrosis, abscess formation, granulomas and hypersensitivity have been reported. Indurations or nodules may develop at the injection site. If any of these symptoms persist for more than one week, or if any other side effects develop, please report them to Dr Buckley as soon as possible so that he can advise on the best course of treatment. Very rarely, Botox ®/Vistable® may cause visual disturbances, difficulty swallowing or breathing. Whilst rare, such side-effects and their treatment may last for several months. The aesthetic effects of Botox®/Vistable® last for an average of 3-4 months but will vary depending on the condition of the skin, area treated, amount of product injected, injection technique and lifestyle factors such as sun exposure and smoking. After treatment, please avoid alcohol consumption and do not apply make-up for 4 hours. Please avoid extreme sun exposure, UV light, freezing temperatures and saunas for 2 weeks after treatment.

Statement of consent:

I have been correctly informed about the treatment effects and I consent to the treatment detailed on this form.

Name of Client: _____ **Date of Birth:** _____

Signed: _____ **Date:** _____

Operator's Signature: _____ **Date:** _____

Z:Kerry Skin Clinic /Consent Forms/Botox Oct 2025

For more information:

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SKIN, HAIR + NAILS SPECIALISTS