



BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369
Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127

Hyaluronidase Informed Consent

Client Name: _____

Authorization

I duly authorize Beautox Bar LLC and/or Beautox Bar WBL LLC, and their authorized providers and clinic team members, to perform hyaluronidase treatment(s).

About Hyaluronic Acid Fillers and Hyaluronidase

Hyaluronic acid (HA) fillers are sterile gels consisting of non-animal stabilized hyaluronic acid injected into the skin to correct facial lines, wrinkles, and folds, for lip enhancement, and for shaping facial contours. Occasionally these fillers need to be dissolved when the aesthetic result has not produced the desired outcome, when correction or adjustment is requested, or when there is concern for vascular occlusion or impending necrosis (tissue death) that could compromise healthy tissue.

Hyaluronidase is an enzyme that breaks down hyaluronic acid fillers. It can also break down naturally occurring hyaluronic acid in the body, and results can be unpredictable. I understand there will be loss of volume in treated areas and there can be some skin laxity, which itself may not produce a good aesthetic result. Although some effects can be immediate, it can take up to 24–48 hours for results to be seen, and treatment may need to be repeated.

Possible Side Effects and Risks

I understand there are risks and complications associated with hyaluronidase injections. Although most patients do not experience serious complications, I understand the following risks and potential experiences:

- Allergic / hypersensitivity reaction: Seek emergency medical help for signs of allergic reaction such as hives; difficulty breathing; or swelling of the face, lips, tongue, or throat. I may already be hypersensitive to hyaluronidase, or I may develop hypersensitivity; treatment should be discontinued if sensitization occurs. Anaphylactic-like reactions and allergic reactions (including hives) have been reported rarely.
- Injection-site reactions: Pain, itching, redness, swelling, bruising, and tenderness at the injection site. These are generally described as mild to moderate and typically resolve spontaneously within a few days.
- Spread of localized infection: Hyaluronidase injections can spread existing skin infections.



- Multiple treatments may be needed: Hyaluronidase degrades HA dermal filler material over about a 24-hour period. Every person absorbs and utilizes hyaluronidase differently. A minimal amount is often injected at the first treatment and correction is reassessed after about 24 hours. Two or more treatments are often performed to achieve the desired result.
- Undesired cosmetic outcomes: Because each patient and each HA product responds uniquely, I may experience undesired cosmetic changes (including more volume loss than expected or unevenness). Additional dermal filler may later be needed to achieve the desired appearance.
- This is not a complete list of side effects; others may occur.

Post-Treatment Observation

I acknowledge that I will remain at the clinic for thirty (30) minutes after the procedure so I can be observed by the practitioner, and that I may need to return in 1–2 weeks (or sooner if instructed) to assess whether further hyaluronidase should be administered. If I have any questions or problems after treatment, I will contact Beautox Bar using the contact information provided to me.

Contraindications — We Cannot Treat If

Hyaluronidase treatment should not proceed (or may need to be deferred) if any of the following apply:

- Known hypersensitivity / allergy to hyaluronidase
- Active infection in or near the treatment area (including viral infection when clinically relevant)
- Pregnancy
- Breastfeeding / nursing
- Ocular exposure concerns or recent / planned ocular surgery when the treatment area could affect the eye
- Situations involving inappropriate routes such as intended intravenous use / extravasation management outside this clinic's aesthetic protocol
- Treatment of children or infants
- Hypervolemia or other medical conditions the provider determines make treatment unsafe

Medications and Medical History I Must Disclose

I have disclosed my medical history and all medications and supplements to my provider. I understand certain medications may interact with hyaluronidase or affect treatment decisions. I will specifically tell my provider if I am taking any of the following (or similar medications):

- Furosemide (Lasix®)
- Phenytoin (Dilantin®)



- A sedative or anxiety medication (such as Valium® or Xanax®)
- Aspirin or other salicylates
- Cortisone or ACTH (corticotropin)
- Estrogens
- An antihistamine (such as a cold or allergy medicine)

I have answered questions about my medical history to the best of my knowledge.

Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By signing this form, I confirm that I have received understandable information about hyaluronidase treatment, alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Acknowledgment and Consent

The use of and indications for administration of hyaluronidase have been explained to me by my practitioner, and I have had the opportunity to have all questions answered to my satisfaction. I am satisfied with the explanation. I consent to the administration of hyaluronidase by Beautox Bar LLC and/or Beautox Bar WBL LLC.

I certify that I am a competent adult at least 18 years of age. This consent is freely and voluntarily executed. By signing below, I acknowledge that I have read this informed consent (or had it read to me), understand the information about hyaluronidase treatment, and agree to treatment with its associated risks. I hereby give consent to perform this and any subsequent hyaluronidase treatments under this consent unless I revoke it or a new consent is required. I hereby release Beautox Bar LLC, Beautox Bar WBL LLC, medical staff, clinic staff, and treating technicians/providers from liability associated with this procedure to the extent permitted by Minnesota law, except for claims arising from negligence or willful misconduct. This consent shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns to the extent allowed by law.

Client Name (print): _____

Client Signature:

Date: _____



Clinic Team Member Name (print): _____

Clinic Team Member Signature:

Date: _____

This consent applies to services provided by Beautox Bar LLC (Maple Grove) and Beautox Bar WBL LLC (White Bear Lake).