



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

Skinvive™ by Juvéderm® Informed Consent

Client Name: _____

About Skinvive™ by Juvéderm®

Skinvive™ by Juvéderm® is an injectable hyaluronic acid (HA) product in a phosphate buffer with 0.3% lidocaine. It is injected into the dermis as microdroplets to increase skin hydration and improve skin smoothness / skin quality in the treated area. Skinvive™ is not a dermal filler and is not intended to add the same type of structural volume as Juvéderm® filler products.

Skinvive™ by Juvéderm® has been approved by the U.S. FDA for improvement of skin smoothness of the cheeks in adults over a specified age range per labeling. Treatment of other facial areas, if proposed, may be off-label and has been explained to me.

Alternatives

Alternatives include no treatment; topical skincare; medical-grade facials; laser or energy-based skin treatments; chemical peels; and other injectable options discussed with the provider. I understand I may decline treatment.

Results

I understand that the degree of improvement cannot be predicted or guaranteed. Results develop over time with improved skin hydration/smoothness in treated areas, and maintenance treatments may be recommended. More than one treatment session may be needed for a satisfactory result.

Risks and Complications

Risks and side effects of Skinvive™ injections include, but are not limited to:

- Post-treatment discomfort, swelling, redness, bruising, discoloration, tenderness, bumps, and itching (usually temporary)
- Infection (bacterial, viral, and/or fungal) related to injections through the skin; rarely scarring
- Allergic / hypersensitivity reaction
- Lumpiness, unevenness, or temporary palpable product under the skin
- Granuloma formation (rare)



- Vascular complications if product inadvertently enters a blood vessel (rare but serious), including tissue injury
- Scarring
- Recurrence of cold sores if treating near the mouth in patients with a prior herpes history

Precautions and Contraindications

I will disclose if any of the following apply:

- Severe allergies, history of anaphylaxis, or allergy to hyaluronic acid, lidocaine, or gram-positive bacterial proteins
- Active infection, rash, acne flare, or inflammation in the treatment area
- Pregnancy or breastfeeding (not recommended; safety not established)
- Bleeding risk from medications/supplements (aspirin, NSAIDs, anticoagulants, vitamin E, fish oil, certain herbs)
- History of keloids or hypertrophic scarring
- Recent procedures in the treatment area that the provider has not cleared

Client Attestations

By signing this consent, I state and confirm that:

- I have not received any vaccine of any kind in the past 30 days, and I do not plan to receive any vaccine of any kind in the next 30 days.
- I have not had dental cleaning or any dental work in at least the past 30 days, and I will not have dental cleaning or any dental work for at least 30 days after this treatment.
- I am not taking a blood thinner of any kind.
- I do not currently have an outbreak of herpes or cold sores on my face or body.

Anesthesia

I consent to topical anesthetic and/or other local anesthesia as needed to reduce discomfort during treatment.

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 Skinvive™ by Juvéderm®



treatment, alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Acknowledgment and Consent

I understand the above, have had the risks, benefits, and alternatives explained to me, and have had the opportunity to ask questions. No guarantees about results have been made. To the best of my knowledge, I am not pregnant and I am not breastfeeding. I give my informed consent for Skinivive™ by Juvéderm® treatment today as well as future treatments as needed at Beautox Bar LLC and/or Beautox Bar WBL LLC. If I am under 18 years of age, a parent or legal guardian signature is required.

I will follow all aftercare instructions, as doing so is crucial for proper healing. I have received and understand the pre- and post-care instructions.

By signing below, I acknowledge that I have read this informed consent (or had it read to me) and agree to treatment with its associated risks. I hereby give consent to perform this and all subsequent Skinivive™ by Juvéderm® treatment with the above understood. I hereby release the ordering/supervising provider, the person performing the injection(s), and the facility from liability associated with this procedure to the extent permitted by Minnesota law, except for claims arising from negligence or willful misconduct.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature: _____ **Date:** _____

Parent/Legal Guardian Name (if client under 18): _____

Parent/Legal Guardian Signature: _____ **Date:** _____



This consent applies to services provided by Beautox Bar LLC (Maple Grove) and Beautox Bar WBL LLC (White Bear Lake). Skinvive™ by Juvéderm® is a trademark of its owner and is used here for product identification only.