relfydess®
relabotulinumtoxinA

Patient consent

For treatment with Relfydess

Patient Name: _____ **Date of birth:** _____

Mobile: _____ **Email:** _____

Address: _____ **Postcode:** _____

By signing this consent form, I confirm that I have been informed of the following:

Relfydess contains the active ingredient relabotulinumtoxinA, which causes muscles to relax. It works by blocking the nerve impulses to the muscles in which it has been injected, to prevent muscles from contracting.[1] Static facial lines, e.g. those due to sun damage, will not usually respond to treatment with botulinum toxin, as they are not caused by muscle activity.[2]

Relfydess is used in adults to temporarily improve the appearance of any moderate to severe vertical frown lines between the eyebrows (glabellar lines) and moderate to severe crow's feet lines, wrinkles at the outer corners of your eyes (lateral canthal lines), alone or in combination.[1]

Relfydess is not recommended if you are pregnant, planning to become pregnant or breastfeeding. It is also not recommended for use in people under the age of 18 years.[1]

All medicines can have side effects. If you do experience any side effects, most of them are minor and temporary. However, some side effects may need medical attention.[1]

Less serious side effects include:[1]

- Injection site bruising
- Headache
- Drooping of the upper eyelid
- Injection site pain
- Local muscle weakness around the eyes like drooping of brow

Speak to your doctor if you have any of these less serious side effects and they worry you.[1]

Call your doctor straight away if:[1]

- You have difficulties breathing, swallowing or speaking
- Your face swells or skin goes red, or you get an itchy lumpy rash, this may mean you are having an allergic reaction to Relfydess

Tell your doctor or pharmacist if you notice anything else that may be making you feel unwell. Other side effects not listed here may occur in some people.[1]

Be careful before you drive or use any machines or tools until you know how Relfydess affects you. You may experience temporary visual disturbances or muscle weakness following treatment.[1]

TREATMENT CONSENT

I confirm that I have had a consultation with [name of cosmetic practitioner] _____ **clinic name]** _____ prior to treatment with Relfydess and have been informed regarding the treatment and procedure, indications, expected results, expected timeframes and possible side effects. I have read the Relfydess Consumer Medicine Information and have had any questions relating to the treatment answered to my satisfaction. I confirm that I have fully disclosed details of previous treatments and my full medical history during consultation.

In particular, I confirm that I have informed my cosmetic practitioner if:

- I am pregnant or intend to become pregnant, or if I am breastfeeding or plan to start breastfeeding
- I have had any previous allergic reaction to Botulinum Toxin Type A or I am allergic to any ingredients in Relfydess (relabotulinumtoxinA, dibasic sodium phosphate dihydrate, monobasic sodium phosphate dihydrate, potassium chloride, sodium chloride, polysorbate 80, tryptophan, water for injections)
- I have any diseases affecting my nervous system (such as amyotrophic lateral sclerosis, myasthenia gravis or Eaton Lambert syndrome or other neuromuscular disorders)
- I have difficulties breathing
- I have difficulty swallowing food
- I find that I often have problems with food or drink getting into my airways causing me to cough or choke
- I have a bleeding disorder or take blood-thinners as injection may lead to bruising
- I have inflammation at the proposed injection site(s)
- I have eye disorders including drooping eyelids, dry eyes
- I have muscles that are too weak or wasted to be injected

I am having this treatment for cosmetic reasons and understand that results may vary from person to person.

I agree to follow the aftercare instructions provided by my cosmetic practitioner and understand that follow-up at two weeks is generally recommended. I have been informed and understand that further treatments will be required to maintain the effects, as the treatment results are temporary.

Patient specific comments based on consultation: **[cosmetic practitioner to insert]**

_____

_____

I understand that I am paying for a treatment and not a guaranteed result as individual results may vary; and I accept that retreatment, if required, will be at my expense.

IMAGE USE CONSENT

I grant the clinic permission to:

(a) take photographs, recordings and/or video footage of me before, during and/or after the treatment; and

(b) use my voice, image, likeness and statements, for any purpose, including (but not limited to):

(i) promotional, advertising and publicity purposes, including the use of photographs, recordings or video footage of me, where permissible, in any promotional or advertising or marketing materials on the clinic website, or social media sites and within printed materials;

(ii) use in any clinic promotional materials;

(iii) use in educational materials, including videos, recordings and printed materials, without separate renumeration or compensation, for an unlimited time.

I acknowledge and agree that the clinic owns all proprietary rights, including all intellectual property rights, in any photographs, recordings or video footage taken of me in connection with the treatment that contain my voice, image, likeness or statements.

☐ YES ☐ NO

I understand that this form will be retained in my medical records.
For information on the clinic/practice privacy policy please ask the treating cosmetic practitioner.

I have read and fully understand the above and have had sufficient opportunity to discuss with and ask questions with **[name of cosmetic practitioner and clinic name]**

_____

I request and consent to treatment with Relfydess.

Patient's name: _____

Patient's signature: _____ Date: _____

Cosmetic practitioner's name: _____

Cosmetic practitioner's signature: _____ Date: _____

Relfydess prescription medicine contains 150 units of relabotulinumtoxinA for the treatment of frown lines and crow's feet around the eyes. Relfydess has risks and benefits. Ask your healthcare professional if Relfydess is right for you and to explain the possible side effects. Tell them if any side effects concern you.

ALWAYS FOLLOW THE INSTRUCTIONS YOU ARE GIVEN.

For details on precautions and side effects, see the Consumer Medicines Information at AU: www.galderma.com/au/all-products; NZ: www.medsafe.govt.nz. Unfunded for aesthetic indications. Product and treatment costs apply.

References: 1. Relfydess® Consumer Medicine Information. **2.** Biello A, *et al.* 2023. Botulinum Toxin Treatment of the Upper Face. In: StatPearls. Treasure Island (FL): StatPearls Publishing.

GALDERMA

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