

**Fabulous Faces by JOZ Designs**  
**617 E 16th Street**  
**Plano, TX 75075**  
**Juanita Zapata Flint 214-697-1754**

**Dysport Consent**

I, \_\_\_\_\_ understand I am consenting to having Dysport injections to improve my appearance. These injections have been explained to me Juanita Zapata Flint APRN, FNP-C . Full effect of the medication may completely be evident until 2 weeks after the injections. I agree to further/subsequent treatments as she/he deems necessary I will not hold the NP liable for any damages unforeseen or otherwise in whole or in part due to the procedure(s) I have agreed to undertake herein.

I understand that my Nurse Practitioner will be in direct contact with me if needed. Dysport will be injected with sterile equipment and all surfaces involved in the process are protected and gloves always worn during the treatment(s).

Juanita Zapata Flint APRN, FNP-C has discussed the before and after care for this procedure and I must follow the instructions. I have a complete understanding of this procedure that I am about to undertake.

I hereby give written consent to carry out the treatment of my choice as requested by myself within this consent agreement.

Client Name (print): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Juanita Zapata Flint APRN, FNP-C \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_