



INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT

To the patient:

Being fully informed about your condition and treatment will help you make the decision whether to undergo Botulinum Toxin treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment. This material serves as a supplement to the discussion you have had with your nurse and medical physician provider. It is important that you fully understand this information so please read this document thoroughly. If you have any questions regarding the procedure, ask your nurse or physician prior to signing the consent form. By signing this form, you are acknowledging all your questions have been answered and you are willing to proceed with the procedure with all the risks and benefits explained to you clearly.

The treatment

Botulinum toxin (Botox) and similar agents are neurotoxins produced by the bacterium clostridium. This neurotoxin agent or botulinum toxin can relax the muscles in areas of the face and neck, which produces wrinkles associated with facial expressions and age. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable, and overtime significantly reduce problem areas such as the glabellar area of frown lines located between the eyes, crow's feet lateral areas of the eyes, forehead wrinkles, and lip lines. Botox is diluted to a very controlled solution and injected into the muscle with a very thin needle. Patients may feel a slight burning sensation while the solution is being injected. There can be some localized swelling at the site of injection areas that will disappear within approximately 30 minutes after the injections. Ice can be applied after the application for comfort, but do not rub the area with your hands to prevent moving the toxin under the skin.

Risks and complications

With any procedure you must be advised that risks and complications are possible. The following risks may occur, but there may also be unforeseen risks that are not included on this list. Risks include but are not limited to: post treatment discomfort, swelling, redness, bruising, double vision, a weakened tear duct, post treatment bacterial or fungal infection requiring further treatment. Neurotoxin injection may trigger allergic reaction, cause minor temporary drooping of eyelids that may last 2 to 3 weeks, occasionally produces numbness of the forehead lasting up to 2 to 3 weeks, transient headaches or flu like symptoms.

Pregnancy allergies and neurological disease

I acknowledge that currently I am not pregnant or aware of any pregnancy. I am not trying to get pregnant and am not lactating or nursing a child. I do not have any significant neurological disease including but not limited to Myasthenia gravis, Multiple sclerosis, Lambert Eaton syndrome, Amyotrophic lateral sclerosis, or Parkinson's disease. I do not have or am aware of any known allergies to the toxin ingredients or to human albumin.



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Results

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle which disappears in 2 to 10 days. Muscle paralysis usually lasts up to approximately three months, but individual response times may be longer or shorter. A small percentage of individuals either do not respond at all to the purified botulinum toxin, have a short response time to the treatment or find the treatment does not provide the results expected. I understand that I will not be able to use the muscles injected as before when the injection is effective, but that this will reverse after a period of months at which time a retreatment would be appropriate. I understand It is suggested to stay in an upright position and not to rub the areas injected for at least two hours after the procedure. I understand this is an elective procedure and I hereby voluntarily consent to the treatment of botulism toxin injections for facial and or neck wrinkles. The procedure has been fully explained to me and I also understand that any treatment performed is between myself and the doctor..... provider performing the procedure. I will direct all post procedure questions and concerns to the treating clinician.

I have read the above information and I understand there are no guarantees as to the outcome of this medical procedure. I also certify that I am responsible to inform the clinicians of any changes in my medical history or conditions such as pregnancy to ensure that my doctor have the most up to date medical history prior to engaging in botulinum treatment procedures.

Patient Name

Date

Patient Signature

Date

Treating Clinician

Date

Follow Up:

Patient Initials:

Date

Patient Initials:

Date