

BOTOX® CONSENT FORM

Patient Name: _____ Date of Birth: _____
Address: _____ Phone: _____

Botox® is a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions and dynamic muscle movement. Treatment with Botox® can cause facial expression lines to soften or disappear entirely in some cases.

Areas most frequently treated with Botox® are: a) the glabellar complex – an area of frown lines that form between the interior edge of the eyebrows; b) the orbicularis oculi - lateral lines on the outside of the eyes that are often referred to as “crow’s feet”; and c) the frontalis – the area of the upper forehead where lateral lines form due to repetitive frowning.

Botox® is diluted to a very controlled solution and is injected into the muscle with a small needle. Clients typically feel little to no pain but may experience a slight burning sensation during injection. The procedure takes 5-10 minutes and produces an average effect duration of 3-6 months. Repeated treatments can extend the duration of result. Initial _____

RISKS & POTENTIAL COMPLICATIONS. It has been explained to me that there are certain inherent and potential risks and adverse side effects that can occur with any invasive procedure, and in this specific instance such risks include but are not limited to:

- a) Temporary mild discomfort, swelling, redness, and bruising.
- b) Post treatment bacterial and/or fungal skin infection.
- c) Transient headache and/or flu-like symptoms.
- d) Spread of toxin effects in areas away from the injection site may cause symptoms such as loss of strength/muscle weakness, double or blurred vision, drooping eyelid, watery or dry eyes, dry mouth, crooked smile or drooling, hoarseness or loss of voice, trouble with speech, inability to take full breaths, and trouble swallowing.

Problems with speech, impaired swallowing, or difficulty breathing require immediate medical attention. Initial _____

PUBLICITY MATERIALS. I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. During courses given by _____, I understand that photographs and video may be taken of me for educational and marketing purposes. I hold the doctor and/or practice harmless for any liability resulting from this production. I waive my rights to any royalties, fees, and to inspect the finished production as well as advertising materials in conjunction with these photographs. Initial _____

PREGNANCY, ALLERGIES, & NEUROLOGIC DISEASE. I am not aware that I am pregnant, and I am not trying to get pregnant; I am not lactating (nursing). I do not have any significant current or prior neurologic disease including, but not limited to, Myasthenic Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), or Parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin. Initial _____

PAYMENT. I understand that this is an "elective" cosmetic procedure and that payment is my responsibility and is expected at the time of treatment. Initial _____

RIGHT TO DISCONTINUE TREATMENT. I understand that I have the right to discontinue treatment at any time. Initial _____

ALTERNATIVE PROCEDURES. Alternatives to the procedures and options that I have volunteered for have been fully explained to me. Initial _____

RESULTS. I am aware that when small amounts of purified botulinum ("BOTOX") are injected into a muscle, it causes weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts 3-6 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. I understand that I will not be able to "frown" while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area(s) of the injections for the 2 hours post-injection period.

I understand this an elective procedure and I hereby voluntarily consent to treatment with Botox® injection for Facial Dynamic Wrinkles, TMJ, or Bruxism. The procedure has been fully explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history, I will notify the office immediately. I also state that I read and write in English.

Patient's Signature: _____ **Date:** _____

Print Name: _____

Witness's Signature: _____ **Date:** _____

Print Name: _____