



BOTULINUM Toxin (BOTOX®) Consent

Patient Name: _____ Date: _____

To the patient: you have the right to be informed about your skin condition and treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is to better inform you so that you may give or withhold your consent for the treatment program.

I have requested that _____ attempt to improve my facial expression lines with BOTOX®, which is the trademark for Botulinum Toxin. These injections have been used for more than a decade in children and adults to improve problems with muscle spasms of the face. This toxin has also been useful to correct double vision secondary to the muscle imbalance. Injections, in minute amounts, weaken the muscle and prevent crow's feet as well as expression lines. BOTOX® has been FDA approved for cosmetics use, and although the results are usually dramatic, the practice of medicine is not an exact science. No guarantees can be or have been made concerning expected results.

Initial: _____

The solution is injected through a small needle into the muscle: you see the benefits develop over the next 5-7 days. Less frowning will be possible.

Initial: _____

Side effects and complications have been minimal. Occasionally, slight swelling, and/or bruising may last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks following the injection. This may cause the temporary drooping of an eyelid. I have been advised of the risks involved in such treatment and alternative treatments, including no treatments at all.

Initial: _____

I understand that the results are temporary and several sessions may be needed for optimal results. A BOTOX® touch-up may be administered 2-3 weeks after the initial injection for a lesser charge.

Initial: _____

I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have has sufficient opportunity for discussion and to ask questions. I consent to this BOTOX® injection procedure today and for the subsequent treatments.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____