

BOTOX®
Informed Consent Form

Patient's Name _____

Patient's Age _____

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 not meant to scare or alarm you; it is simply an effort 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®. This is the trademark for botulinum toxin. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasm of the facial muscles. This toxin has also been useful to correct double vision due to muscle imbalance. Injection of minute amounts weakens the muscle and prevents frowning, Crow's feet and expression lines. Although the results are usually Dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning expected results in my case.

Initial if true _____

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

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 after an injection. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

Initial if true _____

I understand that several sessions may be needed to complete the injection series and that multiple sessions are planned.

Initial if true _____

I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

Initial if true _____

I certify that I have read or have had read to me, the contents of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask any questions that I had and all of my questions have been answered.

Signed: _____ Date: _____ Time: _____

(Patient or person authorized
to consent for patient)