

Neurotoxin (Botulinum A Toxin) INFORMED 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 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 from this treatment program.

I have requested this attempt to improve my facial expression lines with the neurotoxin (Botox®, Xeomin, Dysport, Javeau)_____. 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. Injections of minute amounts weaken the muscle and prevent 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, or have been made concerning expected results in my case.

Initial: _____

The solution is injected with a small needle into the muscle. You see the benefits develop over the next 5-7 days, with the full benefits at 14 days. Less frowning will be possible.

Initial: _____

Side effects and complications are usually minimal. Occasionally, slight swelling and/or bruising may last for several days after the injection. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatment, including no treatment at all.

Initial: _____

I understand that the most significant risk could be a drooping brow or eyelid, or weakness in the muscle that closes the eye, if adjacent muscles are affected by the injection. This will usually resolve after several weeks.

Initial: _____

I understand that the injection of neurotoxin is temporary, but that after multiple injections there may be permanent effects.

Initial: _____

I understand the contraindications to this treatment include pregnancy, bleeding disorders, neuromuscular disorder, and allergies to albumin (egg) products. I understand the contraindication and I possess none of these conditions.

Initial: _____

I understand that funds paid for neurotoxins are non-refundable.

Initial: _____

I have received a copy of the Medication Guide for Neurotoxins Cosmetic for Injection. Initial: _____

I agree that this constitutes full disclosure and it supersedes any previous verbal or written disclosures. 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: _____

First Procedure:

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

Injector Signature: _____ Date: _____

Second Procedure:

I have re-read and understand the consent form on page 1 and 2. If I have questions, they have been answered to my satisfaction.

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

Injector Signature: _____ Date: _____

Third Procedure:

I have re-read and understand the consent form on page 1 and 2. If I have questions, they have been answered to my satisfaction.

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

Injector Signature: _____ Date: _____

Forth Procedure:

I have re-read and understand the consent form on page 1 and 2. If I have questions, they have been answered to my satisfaction.

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

Injector Signature: _____ Date: _____

Fifth Procedure:

I have re-read and understand the consent form on page 1 and 2. If I have questions, they have been answered to my satisfaction.

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

Injector Signature: _____ Date: _____