

BOTOX (Botulinum A Toxin) INFORMED CONSENT

Patient Name: _____ Date: _____
(First) (Last)

I, _____, understand that I will be injected with **Botulinum A Toxin (Botox)** in the area of the glabella muscles to paralyze these muscles temporarily or in the forehead or crows feet around the lateral area of the eyes. Botulinum A Toxin (Botox) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows.

Injection of Botox into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. This form provides detailed information regarding Botox Injections (hereinafter the "Treatment").

Please read this form thoroughly and make sure all your questions are answered before deciding to undergo treatment. After reading this document, please initial each section, and date the appropriate areas. It has been explained that other temporary and more permanent treatments are available.

The possible side effects of Botox include but are not limited to:

- _____ **Risks:** I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.

- _____ **Infection:** Infections can occur, easily treatable in most cases, but in rare cases, permanent scarring in the area can occur.

- _____ Most people have lightly swollen pinkish bumps where the injections went in for a couple of hours or even several days.

- _____ Although many people with chronic headaches or migraines often get relief from Botox, a small percentage of patients get headaches following treatment with Botox for the first day. In a very small percentage of patients, these headaches can persist for several days or weeks.

- _____ Local numbness, rash, pain at the injection site, flu-like symptoms with mild fever, back pain.

- _____ Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or skin irritation.

- _____ Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, and months and in rare cases, the effect of bruising could be permanent.

x **Pre-Care and After-Care: I understand pre-care and after-care are entirely in my control.** **Failure** to follow the provided pre-care and after-care guidelines will increase the chance of complications and adverse side effects and decrease the effectiveness of the Treatment. I acknowledge that I have been (or will be given) detailed oral and printed care instructions. If I have any questions about pre-care or after-care, I can contact the office. I agree to follow all of the pre-care and after-care instructions.

x While local weakness of the injected muscles is representative of the expected pharmacological action of Botox, weakness of adjacent muscles may occur as a result of the spread of the toxin.

x **Treatments:** I understand that more than one injection may be needed to achieve a satisfactory result.

x Another risk when injecting Botox around the eyes includes corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision or double vision, which is usually temporary. This reduced blinking has been related to corneal ulcerations. Some medications can help lift the eyelid; however, eye drops are not effective if the drooping is too significant. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.

x I will follow all aftercare instructions as it is crucial I do so for healing.

x I have been sufficiently informed of the Treatment's possible outcomes, risks, and side effects.

Botox is not an exact science; there might be an uneven appearance on the face, with some muscles more affected by the Botox than others. In most cases, this uneven appearance can be corrected by injecting Botox in the same or nearby muscles. However, this uneven appearance can persist for several weeks or months in some cases. This list is not meant to be inclusive of all possible risks associated with Botox, as there are both known and unknown side effects associated with any medication or procedure. Botox should not be administered to a pregnant or nursing woman.

Additionally, the number of units injected is an estimate of the amount of Botox required to paralyze the muscles. I understand there is no guarantee of the results of any treatment. I understand that the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. By signing below, I acknowledge that I have read the prior informed consent and agree to the treatment with its associated risks. I recognize that this form constitutes full disclosure but may be supplemented by other verbal and/or written disclosures that I completed on "today's date," stated on pages one of two on this consent form. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor, or nurse of my current medical or health conditions and update my records. Recent medical history is essential for the caregiver to execute appropriate treatment procedures. I, at this moment, give consent to perform this and all subsequent Botox treatments with the above understood. I, at this moment, release the doctor, the person injecting the Botox, and the facility from liability associated with this procedure.

PRINTED NAME OF PATIENT (FIRST, LAST)

PATIENT SIGNATURE