



## Consent For BOTOX Cosmetic

PATIENT NAME: \_\_\_\_\_ DATE OF TREATMENT: \_\_\_\_\_

### PURPOSE

The purpose of this consent form is to make you aware of the procedure, benefits, and risks of BOTOX. This form serves as a supplement to the information explained to you about this procedure by your healthcare provider/professional. If you have questions regarding BOTOX and the procedure itself, please ask your healthcare provider/professional before signing.

### PROCEDURE

Botulinum toxin (Botox) is a neurotoxic protein produced by the bacterium Clostridium. BOTOX cosmetic is used to improve the appearance of wrinkles associated with facial pain or facial expressions by relaxing facial muscles. Small amounts of BOTOX are injected into specific facial muscles to make wrinkles and expression lines less noticeable (soften), or even disappear. The most common areas for treatment are frown lines, outer corner of your eyes-crow's feet, forehead wrinkles, radial lip lines, and head and neck muscles. Patients may feel a slight burning sensation when BOTOX is injected into the skin, but it is essentially painless. BOTOX treatment begins working within 7-14 days, and results can last 3-4 months. Repeated treatments are usually required to maintain the desired results.

### RISKS/COMPLICATIONS

Understanding your risks is important because no procedure is completely risk-free. Although Botox is considered a low risk procedure, the following risks and complications of Botulinum Toxin Type A injection may occur; bruising, swelling, tenderness, and headache. Increased bleeding and bruising are seen more in patient's who take a blood thinner such as aspirin and NSAID's. We recommend holding blood thinners day of procedure.

Other risks and complications may include but are not limited to; allergic reactions, double vision, abnormal facial expressions, paralysis of nearby muscles, minor temporary droop of eyelid(s) seen in 2% of injections, usually last 2-3 weeks, flu-like symptoms and occasional numbness of the forehead lasting up to 2-3 weeks. Some of these risks, if they occur, may need further treatment.

BOTOX should not be used in people who have myasthenia gravis, multiple sclerosis, Lambert-Eaton syndrome, ALS, and Parkinson's or any other neurological disorder. If you are pregnant, or breastfeeding you would need clearance from your OBGYN.

Most patients are pleased with the results of their Botox treatment. However, with any cosmetic procedure, we can not guarantee that wrinkles will disappear completely, or that you will not require additional treatments to achieve your expectations. The results of Botox is temporary typically lasting up to 3-4 months, additional treatments are required to maintain desired results.

### BENEFITS/ALTERNATIVES

BOTOX Cosmetic has been shown to be safe and effective in the treatment of fine line and wrinkles. This treatment is strictly voluntary. Some alternatives may include dermal fillers and surgical procedures.

PAYMENT

Payment will be collected at the time of treatment. This procedure is an elective cosmetic procedure and not reimbursable by healthcare insurers.

PHOTOGRAPHS

In order to monitor results of treatment, before and after photographs may be taken. I consent to the advertisement of such photographs provided my identity is protected.

CONSENT

I understand this is an elective procedure and it has been explained by the healthcare professional and all questions have been answered. I have read the above informed consent and agree that I understand its contents in full.

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Patient Name (print)	Patient Signature	Date

**As the treating Licensed Healthcare Professional I have discussed the above risks, benefits and alternatives with the patient. The patient states they agree to above informed consent and have been given enough time to review and ask any questions. A copy of this consent was offered to the patient.**

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Healthcare Professional (print)	Professional Signature	Date