



Neurotoxin Therapy Consent Form

Please read each section and ask any questions you may have.

BOTOX is a neurotoxin which is injected into muscles causing a relaxation of the muscles and improvement of the lines or wrinkles that the muscle movement has formed. This agent DOES NOT treat wrinkles; it treats the muscles that CAUSE wrinkles. Some lines may require a dermal filler agent to achieve best results.

Anticipated Benefit

Response is usually seen 2-14 days after injection.

Typically, the muscle action (and wrinkles) will return in 3-5 months. At this point, a repeat treatment will relax the muscle and soften the lines again. I understand that several sessions may be needed to complete the injection site. I also understand that there is a separate charge for any subsequent treatment.

Risks and Complications

Possible side effects include: transient headache, swelling, bruising, pain during injection, twitching, itching, numbness, asymmetry (unevenness), and temporary drooping of the eyelids or eyebrows. These side effects are rare, but have been reported. In a very small number of individuals, the injection does not work as satisfactory or for as long as usual. Known significant risks have been disclosed, yet the theoretical risks of unknown complications do exist.

Bruising may occur after BOTOX. Substances that increase the risk of bruising include Vitamin E, Aspirin, Motrin and other non-steroidal anti-inflammatory drugs. I understand that if I have taken any of the above within the past 7 days, I have an increased risk of bruising. Bruising is also a significant risk with the use of blood thinning medications such as Coumadin. I understand that if I am taking a blood thinning medication, this treatment may result in significant bruising and may not be recommended. I understand that there may be a higher possibility of side effects if I do not follow certain instructions and will adhere to these instructions for at least 4 hours from the time of treatment. These Include:

- I will not bend forward for extended periods of time for at least 4 hours from the time of treatment.
- I will not manipulate or massage the treated area for at least 4 hours after the treatment.
- I will not fly on an airplane for 36-48 hours after my treatment.
- I will avoid excessively strenuous activity for 24 hours.

Pregnancy & Neurological Disease

I understand that there are certain conditions where BOTOX is not recommended. These include:

- Neurological disease, such as Myasthenia Gravis.
- Pregnancy or breastfeeding.

None of these conditions apply to me. Initials: _____

Limitations and Alternatives

BOTOX is best treating dynamic facials lines, those caused by facial muscles activity; lines present may or may not improve. A treatment may be effective for variable lengths of time with subsequent treatments, may not work as well or for as long as expected, or may not work at all.

Off Label Usage

BOTOX is FDA approved for the treatment of glabella lines (area between eyebrows.)

Commonly, these agents are injected into other areas for the relaxations of hyperactive muscles. I am receiving treatment in the following areas:

Glabella Lines (between eyebrows) _____ Perioral Lines (around the mouth) _____ Crowsfeet _____ Forehead Lines _____ Bunny Lines (bridge of nose) _____ TMJ _____
Neck band _____ Axillae (underarms) _____ Décolletage lines (chest) _____

Follow Up

I agree to follow up in 2-4 weeks after my treatment if asked to do so by my physician.

Photographs

I authorize the taking of clinical photographs for my medical record, to be used for scientific purposes both in publication and presentations. I understand my identity will be protected.

Pre-treatment and post-treatment instructions have been given to me and the potential advantages have been discussed with me. I have read and understand the above. My questions have been answered satisfactorily. I have been given the appropriate medical guides. I accept the risk and complications of the procedure. I will not hold the treating medical provider or any staff liable for any complications that may occur.

Print Name: _____

Signature: _____ Date: _____