

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

### **CONSENT TO BOTULINUM TOXIN “A” TREATMENT**

Botulinum Toxin a neurotoxin produced by the bacterium Clostridium A, can relax the muscles areas of the face which cause wrinkles associated with facial expressions. Treatment with Botulinum Toxin can cause our facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eye; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles. Botulinum Toxin is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15 - 20 minutes and the results last 2 - 4 months. With repeated treatments, the results may tend to last longer.

Initials \_\_\_\_\_

### **RISKS AND COMPLICATIONS**

It had been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness and bruising, 2) Post treatment bacterial, viral and/or fungal infection requiring further treatments, 3) Allergic reaction, 4) Minor temporary droops of eyelid(s) in approximately 2% of injections, this usually lasts 2 - 3 weeks, 5) Occasional numbness of the forehead lasting up to 2 - 3 weeks, 6) Transient headache, and 7) Flu - like symptoms may occur.

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### **PHOTOGRAPHS**

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

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### **PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE**

I am not aware that I am pregnant; I have any significant Neurological disease, or have any allergies to the toxin ingredients or to human albumin.

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### **PAYMENT**

I understand that this procedure is cosmetic and that payment is my responsibility.

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**CONSENT TO BOTULINUM TOXIN “A” TREATMENT (cont’d)**

**RESULTS**

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of the muscle. This appears in 3 - 10 days and usually last 3 - 5 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. I understand that I will not be able to “frown” while the injection is effective but that this will reverse after a period of months at which time retreatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection for the four hours post-injection period.

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I acknowledge that i was informed on the amount of units required to be injected per area at the time of evaluation by my practitioner, and that any lesser amount to be injected was done by my request, and may not produce the full desired effect. I acknowledge that if the desired movement or muscle movement restriction is not achieved further/additional units will need to be injected. I also acknowledge that additional PAYMENTS will be required.

Initials\_\_\_\_\_

I hereby voluntarily consent to treatment with botulinum toxin “A” injected for the condition known as: Facial Dynamic Wrinkles. The procedure has been explained to me. I have read the above the understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**