

Name \_\_\_\_\_

MR# \_\_\_\_\_

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## **CONSENT FOR BOTOX® INJECTION**

BOTOX® (botulinum A toxin) has been used for nearly two decades in children and adults to improve medical conditions characterized by muscle spasms. BOTOX® cosmetic is FDA approved for the cosmetic treatment of glabellar frown lines (the wrinkles between the eyebrows). In addition, it has been used widely off-label for the successful treatment of other sites including forehead wrinkles, wrinkles around the eyes (“crow’s feet”), upper lip wrinkles, chin, neck and nose (“bunny lines”).

Injection of minute amounts of BOTOX® cosmetic into small muscles of the face and neck cause these muscles to weaken, thereby improving the appearance of the overlying wrinkles, preventing frowning, and resulting in a softer, smoother appearance of the overlying skin.

### **Treatment Results:**

The results of BOTOX® treatment are usually very good with high rates of patient satisfaction. Some residual muscle movement is necessary and natural. The goal is not to appear “frozen” but to look rested and relaxed. Visible results typically develop over 3-10 days. There is a gradual weakening of the treated muscles that is maximal at about 2-4 weeks after treatment. Results typically last 3-5 months and can vary from patient to patient. Treatment with BOTOX® is not permanent. Over time, as the material is slowly absorbed, fine lines or wrinkles will reappear. Further treatment may be repeated to maintain correction, if so desired. With continued treatment over time, patients often note that their results tend to last longer. After multiple treatments, a majority of patients come in only twice yearly to maintain improvement.

Most patients are very pleased with their results from BOTOX® injection. However, as with any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that fine lines or wrinkles will disappear completely, or that you will not require additional treatments to achieve the results you seek. Sometimes, the initial correction is just what you wanted but seems to wane quicker than you expected. Other times, the correction is less than what you had hoped for or expected. In either circumstance, additional treatments may be required to try to meet your expectations. Costs for treatment are based upon the amount of BOTOX® injected.

Over time, alterations in face and eyelid appearance may continue to occur as a result of aging, weight loss or gain, sun exposure or other circumstances not related to BOTOX® injections. Although there is some evidence to suggest that continued treatment with BOTOX® may help to prevent the development or deepening of fine lines and wrinkles, BOTOX® does not arrest the aging process.

### **Risks and Complications:**

Complications and side effects from BOTOX® are generally mild and transient. Most people have lightly swollen pinkish bumps at the sites of injection, which generally last for a few hours or less. Other potential side effects include bruising, numbness, irritation, or tenderness at an injection site, and headache. Rarely, an adjacent muscle may be weakened following an injection. This may cause double vision or difficulty in raising the eyelid or eyebrow. This complication can last several weeks or longer and occurs in less than 3% of treatments. If this complication occurs, eye drops can be prescribed to minimize the effect. In a very small number of individuals, the injection is not as effective as expected.

**OVER →**

As everyone has slight differences in facial musculature, there may be an uneven appearance of the face with some muscles more affected by the BOTOX® than others. In most cases, this uneven appearance can be corrected with additional treatment. However, in rare instances, this appearance can persist for several weeks or months. Several treatment sessions may be needed to obtain desired results.

Rarely, uncommon reactions have been reported such as headache, flu-like symptoms with mild fever, respiratory problems such as sinusitis and bronchitis, dizziness, nausea, infection, nerve damage and allergic reaction.

**PREGNANCY AND NURSING MOTHERS:** It is not recommended that pregnant women or nursing mothers receive treatment with BOTOX® injections.

**ALTERNATIVES:** BOTOX® injection is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in side effects, duration, and results include dermal and deep tissue filler products, chemical peels, laser surgery, synthetic permanent implants, and plastic surgery.

	<b>PLEASE INITIAL</b>
I have read and understand this consent form.	
I have had the opportunity to ask questions.	
My questions have been answered to my satisfaction.	
I understand the nature of the procedure, alternatives to treatment and why this treatment has been recommended.	
I understand the risks of BOTOX® injections as outlined above.	
I understand that it is impossible to predict how I will respond to treatment and that no guarantees have been made regarding my response.	
I certify that I am not pregnant, trying to become pregnant, or breastfeeding and I accept the responsibility for making these determinations.	
I understand that BOTOX® Cosmetic is FDA approved to treat frown lines and brow furrows. I understand that treatment of other sites may be considered “off-label” use.	
Consent for Photography: For the purpose of documenting my progress and response to treatment, I give permission to take photographs that will be kept in my medical record.	
I give permission for the use of my photographs to further medical education.	

**COST AND PAYMENT POLICY:** Since the use of BOTOX® is considered cosmetic, you will be responsible for the cost of treatment including the cost of additional treatments if necessary or desired. Full payment is due at the time of service. Unfortunately, credit cannot be extended. Please discuss the estimated cost of treatments prior to undergoing the procedure. Your treatment may be more or less than the estimate depending on the amount of BOTOX® used to achieve your correction. If you have any questions, please make sure they are answered to your satisfaction.

**ESTIMATED COST OF TREATMENT:** \_\_\_\_\_

I certify that I have read and understand the contents of this consent form before signing my name below. I hereby freely consent to treatment with Botox® Cosmetic in an effort to improve my appearance.

X \_\_\_\_\_ X \_\_\_\_\_  
**Signature of patient or legal guardian** **Date**

Witness: \_\_\_\_\_ MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_