



Botulinum Toxin Consent Form - Botox® Dysport® Xeomin®

 I clearly understand proposed treatment:

- Injection of a very small amount of botulinum toxin a purified toxin produced by the bacterium clostridium botulinum, into the specific muscle causes weakness and relaxation of that muscle. This results in relaxation of the muscle and improvement of the lines or wrinkles that the muscle action has formed.

 I clearly understand anticipated benefit:

- Response usually is seen 2-10 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 series. I understand that there is a separate charge for any subsequent treatment.

 I clearly understand risks and complications:

- Possible side effects include: infection, transient headache, swelling, bruising, pain during injection, twitching, itching, numbness, asymmetry (unevenness), temporary drooping of 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 satisfactorily or for as long as usual.

 I clearly understand that:

- Known significant risks have been disclosed, yet the theoretical risk of unknown complications does exist. Bruising may occur after Botox injections. 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.

 I verify I am not currently pregnant or nursing:

- I understand that there are certain conditions where botulinum toxin treatments are not recommended. These include: Neurological disease, such as myasthenia gravis, pregnancy, and breastfeeding.

 I clearly understand limitations and alternatives:

- Botulinum toxin is best at treating dynamic facial lines, those caused by facial muscle activity; lines present at rest 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. I have been informed of other alternatives which exist for the treatment of wrinkles such as topical creams, chemical peels, laser treatments, surgical removal of the frown muscles, forehead/brow lift, facelift, collagen or hyaluronic acid treatments.

 I clearly understand cost/fees:

- Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee for touch ups.

I have read the above and understand it. None of the contraindications apply to me. My questions have been answered satisfactorily by the healthcare provider. I accept the risks and complications of the procedure. This consent applies to all future toxin injections as well.

Patient Signature _____ Date _____

Provider Signature _____ Date _____