



CLIENT CONSENT FOR BOTOX® COSMETIC

Name: _____

Date of Birth: _____

I am aware that a small amount of purified botulinum A toxin (BOTOX®) will be injected into a muscle causing weakness or paralysis of the muscle. This appears in 3-14 days and usually lasts for 3- 4 months (can be shorter or longer). Relaxing the muscle causes improvement or disappearance of fine lines and wrinkles.

Results and Post treatment Care

1. I understand that I will not be able to move the treated muscles while the injection is effective, but that this will reverse itself after a period of months.
At this time, re-treatment is appropriate.
2. I understand that I must stay upright and that I must not manipulate the area of the injection site for 4 hours after injection. Vigorous exercise is discouraged for 12 hours after BOTOX® injection.

Risks and Complications

BOTOX® treatment of frown lines can cause minor temporary droop of one eyelid in approximately 2% of injections. This usually lasts 2-3 weeks. Local numbness, bruising and pain at the injection site, and headache can occur. In a very small number of individuals, more than one injection is needed to achieve satisfactory results, or the injection does not last as long as usual.

As Botox® is not an exact science; there might 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 by injecting Botox® in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

Photographs

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

Pregnancy and Neurological Disease

I am aware the Botox® is contraindicated in pregnancy or with some neurological disorders. To the best of my knowledge I am not pregnant or affected by a significant neurological disorder, and if not sure, I have discussed this with the doctor today prior to treatment.

Payment

I understand that this is a cosmetic procedure and that payment is my responsibility. Payment is due at the time of service.

I have read the above and understand it. The doctor or nurse answered my questions satisfactorily. I accept the risks and complications of the procedure.

Client Signature

Date

Client Name

Physician Signature

Print Name