

BOTOX INJECTION-Cosmetic
Informed Consent

Patient Name: _____ Age: _____

To The Patient: You have the right to be informed about your skin condition and treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, it is simply an effort to better inform you so that you may give or withhold your consent for the treatment program.

I have requested _____ to attempt to improve my facial expression lines with Botox. This is the trademark for botulinum toxin. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasm of the facial muscles. Injection of minute amounts weaken the muscle and prevent frowning, Crow's feet, and expression lines. Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning expected results in my case.

Initial _____

The solution is injected with a small needle into the muscle. You see the benefits develop over the next five to seven days. Less frowning will be possible.

Initial _____

Side effects and complications have been minimal. Occasionally, slight swelling and/or bruising may last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after the injections. I have been advised of the risks involved in such treatments, the expected benefits of such treatment, and alternative treatment, including no treatment at all.

Initial _____

I understand that several sessions may be needed to complete the injection series and that multiple sessions are planned.

Initial _____

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

Initial _____

Staff signature

Patient signature

Date ___/___/___