



**CONSENT FOR BOTOX**

Patient Name \_\_\_\_\_

**Initials**

- \_\_\_\_\_ Although the results are usually dramatic, I have been informed 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. I understand that there are alternatives to this treatment and that not having any treatment is an option for me.
- \_\_\_\_\_ I have let the doctor know if/when I have had facial reconstructive surgery of any kind as it may alter the procedure and results.
- \_\_\_\_\_ I have been advised that some people require more toxin because of greater muscle mass, stronger muscles, recruitment of other facial muscles outside the norm, or because of biochemical differences in humans. The first injection will test these differences until a person's specific response is known. Some patients require amounts of Botox greater than the average and these have to be charged for.
- \_\_\_\_\_ Bruising may occur after Botox injections. The solution is injected with a small needle into the muscle. You see benefits develop over the next 5-7 days.
- \_\_\_\_\_ Side effects and complications are unusual, but possible. Occasionally, slight swelling, and/or bruising may last for several days after the injections. Rarely, and adjacent muscle may be weakened for several weeks after an injection. This may cause difficulty raising an eyelid or double vision. Headaches and flu-like symptoms may also occur following Botox injections. Less likely but possible complications include infection, nerve damage, skin necrosis, and allergic reactions. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments including no treatment at all.
- \_\_\_\_\_ I understand that several sessions may be needed to complete the injections series and that multiple treatment are planned. I understand that there is a separate charge for any subsequent treatments.
- \_\_\_\_\_ I certify that I am not pregnant, trying to get pregnant, or currently breastfeeding.
- \_\_\_\_\_ I understand and give permission for pictures to be taken of my Botox therapy, both before and after treatment. I understand that these photographs will remain the property of Four Points Dermatology and that they will remain as part of my medical record.
- \_\_\_\_\_ Because Botox therapy for wrinkles is considered a cosmetic procedure, insurance does not pay for treatment. Payment is due at the time of the treatment for all patients.
- \_\_\_\_\_ I agree to follow any instructions given to me by doctor or assistant to the best of my ability before, during and after the procedure. I will contact them as soon as possible if any questionable conditions arise. The instructions include: I will not touch or rub the injection site for 3-4 hours; I will remain upright for four hours after my treatment and not exercise for 24 hours following my treatment; I will attempt to move the muscles injected 3 times a minute for 2 hours after the procedure to increase uptake of the Botox.
- \_\_\_\_\_ If you have a history of neurologic (nervous system) disease, especially if it is currently active, you may not be a good candidate for Botox therapy. This should be discussed with your treating neurologist or physician caring for your neurologic disease, prior to receiving Botox therapy.

**By signing below, I certify that I have read the above paragraphs and understand it. I certify that I have had sufficient opportunity for discussion and to ask questions.**

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

**Doctor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_