

INFORMED CONSENT FOR BOTOX (BOTULINUM TOXIN TYPE A)

INTRODUCTION

BOTOX injections involve a series of small injections in order to weaken the chosen muscles for example on the brow or below the eyes. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 10-14 days. Results can last 3-6 months. The procedure can be repeated after 3 months; however, injections given less than 3 month intervals may reduce the efficacy of the injections.

RISKS OF BOTOX INJECTIONS

Every procedure involves a certain amount of risk, and it is important that you understand that risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your practitioner to make sure you understand the risks, potential complications, and consequences of BOTOX injections.

❖ Bleeding

It is possible, though unusual, to experience a bleeding episode during or after the procedure.

❖ Bruising

Following this procedure, it is not uncommon to bruise at the injection site.

❖ Infection

Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.



There is a possibility of an unsatisfactory result from the procedure. The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation. You may be disappointed with the results of the procedure. Allergic reactions – In rare cases, local allergies to topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. Drooping of the eyelids (Ptosis) – This is rare but transient complication occurring in 1-2% of patients. The incidence can be minimized by positioning post injections.

I have read a copy of the foregoing consent for the procedure, understand it, accept these facts, and hereby authorize my practitioner to perform the procedure of BOTOX injections.

PATIENT'S NAME (Please Print) _____

PATIENT'S SIGNATURE _____

DATE _____

PRACTITIONER _____