

## **FACIAL AESTHETICS**

### **BOTULINUM TOXIN CONSENT FORM**

#### **INSTRUCTIONS**

This is an informed consent document that has been prepared to help inform you concerning Botox injections and the risks involved. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent at the bottom prior to your treatment.

#### **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**

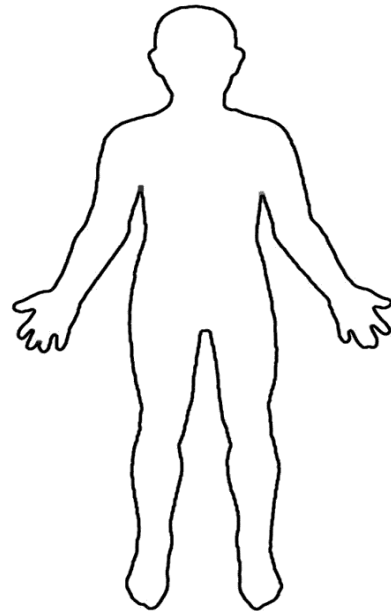
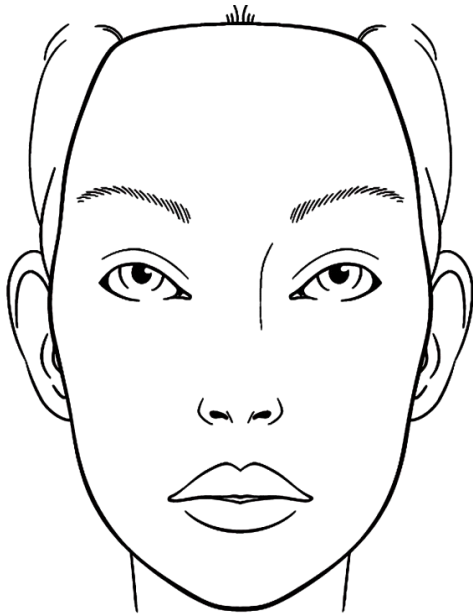
Every procedure involves a certain amount of risk, and it is important that you understand that risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should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

- **Bleeding**
- **Bruising/Swelling**
- **Infection**
- **Unsatisfactory Outcome/Temporary loss of function of nearby muscles**

#### **CAUTIONS & CONTRAINDICATIONS (To be checked with patient prior to treatment)**

- **Pregnancy/Breastfeeding**
- **Neuromuscular disorder (e.g. MG/MND)**
- **Anticoagulant use (e.g. Warfarin/Aspirin)**
- **Concurrent use of Aminoglycoside antibiotics**

**TREATMENT AREAS** (Please mark out below including units used)



<b>Botulinum Toxin used</b>	
<b>Total number of units used</b>	
<b>Lot number</b>	
<b>Expiry date</b>	

**Reason for treatment:**

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

**PATIENT'S NAME** (Please Print): \_\_\_\_\_

**PATIENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRACTIONERS NAME** (Please Print): \_\_\_\_\_

**PRACTITIONERS SIGNATURE:**

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**DATE:**

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