

BOTOX CONSENT FORM

PATIENT NAME: _____ DATE: _____

CONSENT: I understand there may be some risk from a Botox injection such as:

Please initial each item below

_____ Bruising at an injection site may occur but is usually mild and temporary
_____ Drooping of an eyelid may occur and is temporary
_____ Inability to wrinkle forehead; it may be difficult to scowl
_____ Facial expressions may be slightly asymmetric (not even on both sides)
_____ It may be more difficult to chew if the chewing muscles are affected
_____ Double vision may occur and is temporary
_____ I have been advised that Botox generally lasts about 3-4 months, but individual results may vary.

_____ Improvement in injected areas will occur within two weeks

_____ I do not have any neurological conditions

_____ I have received a post treatment care instructions verbally and have been given a copy of the pre and post care instructions.

_____ **I have been advised to return to see the Doctor within two weeks for a follow-up and photos.** At this time, if additional injection to the site is necessary I will be charged up to \$80 for up to 10 units for touch up to the original injected area. This is only available for the 2 week follow-up for this initial Botox treatment.

_____ **For Women Only:** I am not pregnant or breastfeeding.

Botox Post Treatment Checklist

Please observe the following after treatment with Botox

- Immediately after the treatment, the most commonly reported side effects are temporary redness and swelling at the injection site. These effects typically resolve within two to three days. Cold compresses may be used immediately after treatment to reduce swelling. In the inconvenience continues beyond two to three days or if other reactions occur, please contact our office.
- Do not lie down for 4 hours following your Botox treatment. Avoid bending over or resting on a pillow for the four hours following treatment.
- Avoid touching the treated area within 6 hours following treatment. After that, the area can be gently washed with soap and water.
- Until initial redness and swelling have resolved, avoid exposure of the treated area to intense heat (sun lamp or sun)
- If you have previously suffered from facial cold sores, there is a risk that the needle punctures could contribute to another recurrence.
- Avoid taking aspirin, non-steroidal anti-inflammatory medications, Sr. Johns Wort, and high doses of vitamin E supplements for one week after treatment. These may increase bruising and bleeding at the injection site.
- Avoid exercise and alcohol for six hours post-treatment.

- Evidence shows that having a follow up treatment before the product has fully dissipated will enhance the lasting effect. Please be sure to keep your two-week follow-up visit for evaluation.

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 contents of this permission/consent and post treatment form.

Patient Signature: _____ Date: _____

I have received the Botox Medical Guide. Patient Initials: _____ Date: _____

Witness Signature: _____ Date: _____