

## Botulinum Toxin Type A Informed Consent

**Patient name:** \_\_\_\_\_

Botox is made from Botulinum Toxin Type A, a protein produced by the bacterium *Clostridium botulinum*. The purpose of Botox is to improve the appearance of wrinkles. Botox injections involve a series of small injections in order to weaken the chosen muscles. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7 -14 days. Results can last 3-5 months, with the procedure can be repeated if desired.

I authorize and direct \_\_\_\_\_, to perform the following procedure of

Botulinum Toxin Type A Injection(s) \_\_\_\_\_ for the treatment of:

(Patient's name)

- |                                      |                                   |                                      |
|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Brow        | <input type="checkbox"/> Forehead | <input type="checkbox"/> Frown lines |
| <input type="checkbox"/> Crow's feet | <input type="checkbox"/> Axilla   | <input type="checkbox"/> Other _____ |

I understand that the FDA has only approved the cosmetic use of Botulinum A Toxin for frown lines between the brow and underarm sweating. Any other cosmetic use (crow's feet, forehead) and Botox for migraines is considered off label.

I understand and accept that the long-term effects of repeated use of Botox are yet unknown.

The most likely known risks and complications of Botulinum A Toxin injection(s) include but are not limited to:

- Paralysis of a nearby muscle that could interfere with function
- Local numbness
- Headaches, nausea or flu-like symptoms
- Swelling, bruising, or redness at injection site
- Temporary asymmetrical appearance
- Abnormal or lack of facial expression
- Product ineffectiveness

If I am currently pregnant or nursing or should I become pregnant while using this drug, I understand that there are potential risks, including fetal malformation.

I give my consent for the display and reproduction of my before and after photos and/or video for promotional purposes. I understand that my pictures/video may be used in patient education materials and could be used at education seminars in slide presentations or on a patient education Internet webpage.

Yes    No

I certify that I have read and understand this treatment agreement and hereby authorize the above doctor(s) to perform the procedure of Botox injections.

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

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_