

CONSENT TO BOTULINUM TOXIN TREATMENT FOR FACIAL WRINKLES

Rational

I am aware that when small amounts of purified botulinum toxin "BOTOX" is injected into a muscle it causes weakness or paralysis of that muscle. This appears in three to four days and usually lasts four months but can be shorter or longer.

Frown lines between the eyebrows are due to the contraction of a small muscle, corrugator, beneath the inner part of each eyebrow. Injecting "BOTOX" into this muscle will paralyze it causing improvement or disappearance of frown lines.

Results and Post-operative Care

1. I understand that I will not be able to "frown" while the injection is effective but that this will reverse itself after a period of months at which time re-treatment is appropriate.
2. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection for the four hour post-injection period.

Risks and Complications

BOTOX treatment of frown lines can rarely cause minor temporary droop of one eyelid. This usually lasts two to three weeks. Occasional numbness of the forehead lasting two to three weeks, bruising and transient headache have occurred. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual.

Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

Pregnancy and Neurologic Disease

I am not aware that I am pregnant. I am not breast-feeding. I do not have any significant neurologic disease.

Payment

I understand that this procedure is cosmetic and that payment is due at the time of treatment. I have read and understand the above mentioned information. My questions have been answered satisfactorily by the doctor and the doctor's associates. I accept the risks and complications of the procedure.

Signature

Date

Print Name

Witness

Initials _____ Date _____

Initials _____ Date _____

Initials _____ Date _____

Initials _____ Date _____

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