

## CONSENT TO BOTULINUM TOXIN “A” TREATMENT

Botulinum Toxin “A” is a neurotoxin produced by the bacterium *Clostridium A*. For Cosmetic purposes, botulinum toxin is FDA approved for the hyper-functional lines in the Glabella Region (*those wrinkles located between the eyebrows*). Other areas treated with botulinum toxin for cosmetic purposes are considered off-label use. Botulinum Toxin A can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. I understand that Botulinum Toxin “A” cannot improve sagging skin or wrinkles caused by aging or sun damage and understand they are unrelated to muscle contraction. Treatment with Botulinum Toxin “A” can cause your facial expression lines or wrinkles to essentially disappear. Areas most commonly treated are: a) glabellar area of frown lines, located between the eyebrows; b) crow’s feet (lateral areas of the eyes); and c) forehead wrinkles, however, botulinum may also be used in other facial areas. Botulinum Toxin “A” is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes. Results generally last 3-4 months and in some individuals may last longer. Botulinum Toxin A is a cumulative treatment and with repeated treatments, the results will have better effects after several sessions and may also tend to last longer.

### RISKS AND COMPLICATIONS:

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1. Post treatment discomfort, swelling, redness, and bruising, 2. Double Vision 3. Rarely, weakened tear duct, nerve damage, and skin necrosis (dead skin which may leave scars) 5. Post treatment bacterial, and/or fungal infection requiring further treatment 6. Allergic reaction (including death) 7. Minor temporary droop of eyelid(s), eyebrow (s), or corner of the mouth in approximately 2% of injections, this usually lasts 2-3 weeks 8. Occasional numbness of the forehead, lasting up to 2-3 weeks, 9. Transient headache, and 10. Flu-like symptoms may occur.

### ALTERNATIVES:

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: animal-derived or human collagen filler products, hyaluronic acid dermal fillers, dermal fillers derived from the patient’s own fat tissues, and synthetic plastic permanent implants in some cases.

### PHOTOGRAPHS:

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

### PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE:

I am not aware that I am pregnant. I am not trying to get pregnant. I am not Lactating (nursing). I do not have any significant Neurological disease (s) including but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS). I do not have or am not aware that I have any allergies to the toxin ingredients, or to human albumin (human blood products), and have never had a reaction to Botulinum Toxin “A” in the past.

### PAYMENT:

I understand that this procedure is an “elective” cosmetic procedure that is not covered by insurance and that payment is my responsibility. Any expenses which may be incurred by medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is **non-refundable**.

### RESULTS:

I am aware that when small amounts of purified botulinum toxin A is injected into a muscle it causes weakness/relaxation of that muscle. This effect generally appears in 2 – 10 days and the effects can last 3-4 months, but can be shorter or longer. I understand that the length of response may vary from patient to patient and from one treatment to the next. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and rarely, there are some individuals who do not respond at all. It is at the discretion of my practitioner as to whether or not a “touch-up” injection may be needed within the first 14 days of treatment, and I understand if that is the case, an **additional charge may incur**. I understand that I may not be able to “frown” while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made or implied to me as to the results of the procedure. I understand that the success of the procedure is to some extent dependent upon my closely following instructions and that I must not perform any vigorous exercise and I must not massage or manipulate the area (s) of the injections for the 2-3 hours post-injection period. Additionally, utilizing the target muscle groups may help the toxin to take a greater affect.

\_\_\_\_\_ (please initial)

**CONSENT:**

**Your consent and authorization for this procedure is strictly voluntary.** By signing this informed consent form, you hereby grant authority to your physician/practitioner to perform injections of botulinum toxin "A" (Botox® or Dysport®) to treat the hyperfunctional lines / wrinkles in the affected areas which you have chosen and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have a right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I been instructed in and *understand post treatment instructions and have been given a written copy of them.* I understand that NO refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained by this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify if any changes occur in my medical history I will notify the office.

I hereby give my voluntary consent to this procedure and release **Palm Beach Preventive Medicine**, medical staff, and specific technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

I agree, if I should have any questions or concerns regarding my treatment / results I will notify this office at (561) 296-9200 immediately so that timely follow-up and intervention can be provided.

\_\_\_\_\_  
Patient Name (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date