

Botox Consent Form

Name: ..... DOB:..... M:F:.....

This consent form outlines the risks, benefits, alternatives as well as complications that could occur with Botox® injections.

The end of this form allows you and your doctor to attest that all questions have been answered to your satisfaction and that you are giving informed consent to proceed with Botox®.

If, after you have read and reviewed this form with your doctor, you do not believe that you truly understand the risk, benefits and alternatives associated with the procedure, please do not sign the form until all your questions have been answered.

I understand the intended use and benefit of Botox® is to improve the appearance of wrinkles around the eyes (crow's feet), frown lines, forehead furrows, and lower face.

I understand that: research has proven Botox® works best on 'dynamic wrinkles' by blocking the signal from crossing the neuromuscular junction. This allows the muscle to relax and helps to soften the wrinkles that lie above.

The effect of Botox® develops over a 5-7 day period and lasts approximately 3-6 months. The treatment is temporary.

I acknowledge that no guarantee has been given as to the results of a Botox® treatment. It has been explained to me that this procedure may fail to reduce wrinkles completely and that multiple treatments are required to obtain results.

My doctor has discussed the alternative wrinkle treatments with me, include using prescribed creams (e.g. Retin A or acid based creams), dermal fillers, facial exercises or skin resurfacing (e.g. laser or chemical peels).

Certain medications (e.g. antibiotics, aspirin, anti-inflammatories, some vitamins and herbs) may increase the potency of Botox® and may increase bruising at the time of injection.

I attest that I have provided my doctor with a list of all my current medications and supplements. I understand that pregnant or nursing mothers should not undergo Botox® injections. I verify that I am not pregnant or nursing.

I have also been advised that patients with Eaton-Lambert syndrome, Lou Gehrig's disease or myasthenia gravis should not receive Botox®. I attest that I do not have any of these diseases. I understand that Botox® injection is a medical procedure and adverse effects can occur despite utmost care.

The risks associated with Botox® use include but are not limited to: pain, redness, bruising, swelling, local numbness to areas near the injection site, eyebrow or eye ptosis (drooping), loss of facial expression, drooling, temporary headache during and after injections, nausea, double vision, asymmetry and the development of antibodies to Botox®.

**INFORMED CONSENT: BOTOX®**

*Patient*

I voluntarily request treatment with Botox® by my doctor. I confirm with my signature below that my doctor has discussed the above information with me and explained the alternatives, risks, complications and benefits of Botox® treatment, and all my questions have been fully answered to my satisfaction. I thereby give my unrestricted informed consent for the procedure.

Patient Name: .....

Patients Signature: ..... Date: .....

*Doctor*

I confirm with my signature that I have discussed with the above-named patient the risks, potential, complications and intended benefits of Botox®. The patient has had the opportunity to ask questions, all questions have been answered and the patient has expressed understanding. Thus informed, the patient has requested that I administer Botox® to him/her.

Doctors Name: Drew Aiello D.O. Doctors Signature: ..... Date: .....