

LAKE STREET FAMILY PHYSICIANS

Consent For BOTOX® Cosmetic

PURPOSE AND BACKGROUND As our patient, you have requested the administration of BOTOX®. BOTOX® Cosmetic is a prescription medicine that is injected into muscles and used to improve the look of moderate to severe frown lines between the eyebrows (glabellar lines) in people 18 to 65 years of age. Any other cosmetic use is considered “off-label”. The purpose of this document is to make you aware of the nature of the procedure and its risks so that you can decide whether or not to have the procedure performed.

PROCEDURE:

1. For the purposes of improving the appearance of wrinkles, small doses of BOTOX® are injected into specific facial muscles and immobilizes or weakens them
2. The treatment begins to work within 24 to 48 hours and can last up to four months.
3. Subsequent treatments are required to maintain the desired effects.

RISKS/DISCOMFORT Injection-related reactions occur and include: bruising, swelling, tenderness, and headache. Increased bruising and bleeding are common in patients taking medications that reduce blood clotting such as aspirin, ibuprofen, Naprosyn, Motrin, Advil, and Aleve. **We recommend stopping such medications 10-14 days prior to the procedure, plus refraining from alcohol consumption one week prior to the procedure.** Discontinue Retin-A 2 days before and 2 days after treatment. Other risks and complications of Botulinum Toxin Type A injection include but are not limited to: allergic reactions (rare), abnormal facial expression, paralysis of a nearby muscles, disorientation, double vision, facial pain, asymmetrical appearance, headache, nausea, flu-like symptoms, impaired swallowing/speech, permanent muscle atrophy, nerve irritability and production of antibodies with unknown general health effects. BOTOX® should not be used in people who have myasthenia gravis, ALS, or any other neurological disorder. BOTOX® should not be used on pregnant or lactating women. Most patients are pleased with the results of their BOTOX® injections. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of BOTOX® typically last 3-4 months, the procedure is temporary and additional treatments are required to maintain desired results.

INSTRUCTIONS AFTER PROCEDURE: Post injection safety precautions include:

1. No lying down, bending over, or reclining for four hours after treatment.
2. No scratching, rubbing, or massaging (including a facial and/or microdermabrasion treatments) the treated areas for 24 hours after treatment.
3. No makeup for 1 to 2 hours post-treatment.
4. Avoiding strenuous exercise for 24 hours after treatment.
5. Avoid excessive sun or heat for 72 hours after treatment.
6. Avoid consuming excess amounts of alcohol or salts to avoid excess swelling.
7. If you have swelling, you may apply a cool compress for 15 minutes each hour.
8. Use Tylenol for discomfort.
9. Try to sleep face up and slightly elevated if you experience swelling.

BENEFITS AND ALTERNATIVES BOTOX® Cosmetic has been shown to be safe and effective when used to treat lines of facial expression. This is strictly a voluntary cosmetic procedure. No treatment is necessary or required.

PAYMENT The degree of muscle relaxation and the duration of the effect may vary in different people. Payment is expected at the time of the treatment, which is before the extent of success is determined. This procedure is an elective cosmetic procedure and not reimbursable by government or private healthcare insurers.

PHOTOGRAPHS: Photographs may be taken before and after treatments in order to monitor progression. I consent to the usage of such photographs provided the pictures do not reveal my identity.

CONSENT: This procedure has been explained to you by your physician and all your questions have been answered. You may request a copy of this consent form. Your consent for this procedure is strictly voluntary. By signing you hereby grant authority to your physician to perform BOTOX® injections and 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, with the alternative methods of treatment and complications, have been fully explained to your satisfaction. No guarantee has been given 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. I have had enough time to consider the information from my physician and feel that I am sufficiently advised to consent to this procedure.

Patient's Name _____

Patient's Signature _____

Physician / Physician Assistant's Signature _____

Date _____