Botulinum Toxin Type A
(Botox Cosmetic)

Botox is the trademark for Botulinum Toxin Type A, a protein produced by the bacterium Clostridium Botulinum for the purpose of improving the appearance of wrinkles. Small doses of the toxin are injected into the affected muscles blocking the release of a chemical that would otherwise signal the muscle to contract. The toxin thus paralyzes and weakens the injected muscle. The treatment usually begins to work within 24 to 48 hours and can last up to four months. The Food and Drug Administration (FDA) approved the cosmetic use of Botulinum Toxin Type A for the temporary relief of moderate to severe frown lines between the brow and excessive underarm sweating. FDA recommends that the procedure be performed no more frequently than once every three months.

It is not known whether Botulinum A Toxin can cause fetal harm when administered to pregnant women or can affect reproduction capabilities. It is also not known if Botulinum A Toxin is secreted in human milk. For these reasons, Botulinum A Toxin should not be used on pregnant or lactating women for cosmetic purposes.

I authorize and direct __________________________, to perform the following procedure of Botulinum Toxin Type A injection(s) on ____________________________________________ (patient name) for the treatment of (areas to be treated):

Please initial the following:

_____ The details of the procedure have been explained to me in terms I understand.
_____ Alternative methods and their benefits and disadvantages have been explained to me.
_____ I understand and accept the most likely risks and complications of Botulinum Toxin Type A injections. Including but not limited to:

- Paralysis of a nearby muscle that could interfere with opening of eye(s)
- Local numbness
- Headache, nausea or flu-like symptoms
- Abnormal or lack of facial expression
- Facial pain
- Swelling, bruising or redness at the injection site
- Disorientation and double vision
- Temporary asymmetrical appearance
- Swallowing, speech or respiratory disorders
- Inability to smile when injected in the lower face
- Product ineffectiveness

_____ I understand and accept that the long-term effect of repeated use of Botulinum Toxin Type A injections are unknown. Possible risks and complications that have been identified, but are not limited to:

- Muscle atrophy
- Production of antibodies with unknown effect to general health
- Nerve irritability to general health
I understand and accept the less common complications, including the remote risk of death or serious disability that exists with this procedure.

I am aware that smoking during the pre and post-operative periods could increase chances of complications.

I have informed the provider of all my known allergies.

I have informed the provider of all medications I am currently taking including prescriptions, over-the-counter remedies, herbal therapies, and any other.

I have been advised whether I should take any or all of the medications on the days surrounding the procedure.

I am aware and accept that no guarantees regarding the result of this procedure have been made or applied.

I have been informed of what to expect post-treatment, including but not limited to procedures I can do if I wish to maintain the appearance that this procedure provides me.

I am not currently pregnant or nursing, and I understand that should I become pregnant while using Botulinum Toxin Type A there are risks, including fetal malfunction.

If pre and post-treatment photos are taken of the treatment for record purposes, I understand that these photos will be the property of the attending provider.

I understand that these photos may only be used for scientific or record keeping purposes.

The provider has answered all my questions regarding this procedure.

I have been advised to seek immediate medical attention if swallowing, speech, or respiratory disorders arise.

Patient Signature/Date
Witness Signature/Date

Print Patient Name
Print Witness Name

I certify that I have read and understand this agreement and that all spaces for initials were filled in PRIOR to my signature.

Injector Signature/Date

_____Copy given to the patient

_____original placed in chart

Initial

initial

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives of the proposed procedure to the patient. I have answered fully, and I believe that the patient fully understands what I have explained.