

Patient Consent Form

BOTOX[®] Cosmetic *Botulinum Toxin Type A*

Patient Name: _____ Date: _____

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTOX[®] Cosmetic treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that Dr. Mark Golden attempt to improve my facial lines with BOTOX[®] Cosmetic. This is the Allergan Inc. trademark for *Botulinum Toxin Type A*. These injections have been used for more than a decade to improve spasm of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX[®] Cosmetic is now approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of BOTOX[®] Cosmetic relax overactive muscles and soften those vertical lines. Injections in other areas to improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. The results of BOTOX[®] Cosmetic are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. _____ **Patient Initials**

The BOTOX[®] Cosmetic solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next three to fourteen days. A decreased appearance of frowning or creasing of other lines should be the result of this treatment. _____ **Patient Initials**

The most common side effect is temporary bruising at the injection site. Additional complications include headache, respiratory infection, flu-like syndrome, and nausea. BOTOX[®] Cosmetic should not be used if there is an infection at injection site. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all. _____ **Patient Initials**

Among the most disturbing of complications is temporary eyelid droop. Although every precaution is taken to prevent this from happening, it can occur. Most commonly this lasts for several weeks, but may take as much as 3 months to resolve completely. _____ **Patient Initials**

I understand that the results are temporary and inadequate dosage of BOTOX[®] Cosmetic will lead to suboptimal results. _____ **Patient Initials**

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this BOTOX[®] Cosmetic treatment today and for all subsequent treatments. _____ **Patient Initials**

Contraindications You should not have Botox if: you are pregnant; nursing; allergic to albumin; have an infection, skin condition, or muscle weakness at the site of the injection; or have Eaton-Lambert syndrome, Lou Gehrig's disease, or myasthenia gravis. _____ **Patient Initials**

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____