



**Botulinum A and B Toxin
Patient Advisory and Consent Form**

Botulinum A and B toxin is approved by the Food and Drug Administration (FDA) for treatment of eyelid spasm, muscle spasm causing crossed eyes, and for correcting one-sided facial muscle spasm, as well as the cosmetic treatment of the glabellar frown lines. Botox[™] is the trademark for botulinum toxin. Botox[™] is injected with a small needle into the muscle(s) above the nose and between the brows weakening the muscle, disrupting the nerve impulses that trigger muscle contractions creating the wrinkles. The result is temporary muscle paralysis, thereby improving the appearance of the wrinkles. The benefits develop over the next approximately seven days. Less scowling or frowning will be possible. This paralysis is temporary, and re-injection is necessary to maintain results within three to ten months.

Although not specifically approved by the FDA, Botox[™] is commonly used to decrease the appearance of expression lines and wrinkles in other facial areas, including, but not limited to, the forehead, around the eyes, lower corners of lips, and platysma band. The goal is to decrease the appearance of wrinkles and lines in these areas.

I understand that side effects and complications are rare, but may include temporary headache, local numbness, and rash. Occasionally, slight swelling, and/or bruising may occur and last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after an injection.

Options for alternative treatment include injection of derma fillers, free-fat, or the surgical excision of the muscles, usually through a brow-lift incision.

I have been advised of the risks involved in Botox[™] injections; the expected benefits of such treatment; and alternative treatments including no treatment at all.

Initial if true _____

Although the results are usually dramatic, I understand that no guarantees can be or have been made concerning expected results in my case.

Initial if true _____

I certify that I am not pregnant or nursing, have any neurological conditions such as myasthenia gravis or multiple sclerosis, or allergies to albumin.

Initial if true _____

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 agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

CONSENT: I give my consent for Botox[™] injections into the muscles determined appropriate by the technician or doctor, temporarily paralyzing these muscles, to decrease the appearance of expression lines and wrinkles in facial areas.

Print Name: _____

Patient Signature _____ Date: _____

MD/Medical Representative: _____ Date: _____