

Consent for Use of Botox

This information is not meant to alarm you, but to better inform you so that you may give or withhold your consent for the treatment of Botox, as well as help you formulate additional questions.

Botox is a brand name for botulinum toxin type A, a neurotoxin that blocks messages between muscles and the nerves that control them. The effects of Botox become apparent 2-5 days after injection and generally last 4-6 months. Repeat injections are necessary to maintain its effects.

I understand that lines and wrinkles present at rest may not improve with treatment with Botox alone, since Botox is designed to treat lines caused by facial muscle action. Although results are frequently dramatic, as high as 10% of patients may not respond to these treatments for unknown reasons.

I understand that the practice of medicine and surgery is not an exact science and that no guarantees can be or have been made concerning expected results in my case. Repeated sessions may be necessary in certain muscle groups to obtain the desired results. A charge will be made for each treatment session. Larger muscle groups require more Botox and larger charges will be made according to the number of units of Botox used.

Side effects of Botox may include but are not limited to headache, bruising, pain during injection, asymmetry, twitching, numbness and in a small number of cases, drooping of the eyelids or eyebrows. The injection may not work for as long or as well as expected.

Due to the fact this procedure is cosmetic, I understand that I will be completely responsible for all charges at the time of treatment.

- I understand that fewer facial expressions will be possible after my injections with Botox.
- I understand that I should stay upright and not lie down for 4 hours after injection.
- I will not massage the injected sites for at least 4 hours.
- I will exercise the injected muscle for 1 hour after injection.
- I am not pregnant, nursing or have any neurological diseases.
- I am not taking Amino glycoside antibiotics, Penicillin, Quinine or Calcium Channel Blockers, which may potentiate the effect of Botox.
- I do not have Eaton-Lambert syndrome, Lou Gehrig's disease or myastheria gravis.

My questions have been fully answered and I have read this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give Cincinnati Dermatology Center my unrestricted informed consent for Botox injections.

Patient Signature _____ Date _____

Witness Signature _____ Date _____

By my signature below, I hereby renew my consent for additional treatments with Botox.

Date _____ Patient _____

Witness _____

Date _____ Patient _____

Witness _____