

Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

To the patient: You have the right to be informed about your skin condition and treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. 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 the treatment program.

I have requested Dr. James to improve my facial expression lines with Botox Cosmetic. This is the trademark for botulinum toxin. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasm of the facial muscles as well as to correct double vision due to muscle imbalance. Injection of minute amounts weakens the muscle and prevents frowning, crow's feet, and expression lines. Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact and that no guarantee can be or has been made concerning the expected results in my case.

Initial If True: \_\_\_\_\_

The solution is injected with a small needle into the muscle. The benefits may be seen anywhere from 5-10 days after therapy, although maximum effect often takes 2-4 weeks to occur.

Side effects and complications to date have been minimal. Occasionally, slight swelling and/or bruising may occur and last for several days after the injections. Headaches, nausea, and flu-like symptoms may occur as well. Rarely, a nearby muscle may be weakened for several weeks after an injection, leading to eyebrow or eyelid drooping, or very rarely, double vision. I have been advised of the risks involved in such treatments, the expected benefits of such treatment, including on treatment at all.

Initial If True: \_\_\_\_\_

I understand that several sessions may be needed to complete the injection series.

Initial If True: \_\_\_\_\_

I agree that this constitutes full disclosure, and that if 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.

Initial If True: \_\_\_\_\_

Because Botox Cosmetic therapy for wrinkles is considered a cosmetic procedure, insurance does not pay for treatment. Payment at the time of service is required of all patients. Appointments may be reserved with a deposit and is required prior to scheduling Botox Cosmetic therapy. The deposit will be used towards the cost of treatment, but cannot be refunded if you choose to miss or cancel your appointment less than 49 hours from the appointment time. The cost of treatment will vary according to the amount of Botox you require. I understand the above statement and agree to pay the cosmetic fee accordingly.

Initial If True: \_\_\_\_\_