

West Linn Aesthetic Medicine

CONSENT FOR BOTULINUM TOXIN (BOTOX®) TREATMENT

PATIENT _____

DATE OF BIRTH _____

Botox® is a brand name of a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face which cause wrinkles associated with repeated facial expressions. Treatment with Botox® can cause your wrinkles to essentially disappear. Most frequently treated areas are: a) glabellar area (frown lines between the eyes); b) crow's feet (outer areas of the eyes); and c) forehead wrinkles. Botox® is diluted to a very controlled solution and injected into the muscles with a very fine needle. The results last approximately 3-6 months. With repeated treatments, the results may tend to last longer. **Initial** ____

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure (both known and unknown) and in this specific instance such risks include but are not limited to:

1. Post treatment discomfort, swelling, redness, and bruising
2. Facial asymmetry (one side of the face looks different than the other).
3. Double vision or reduced blinking of eyes. This is usually temporary. This has been reported to occur in 2-5% of patients.
4. A weakened tear duct of the eye
5. Post treatment bacterial, and/or fungal infection requiring further treatments.
6. Flu-like symptoms, i.e....sinusitis, nausea, dizziness, mild fever, etc...
7. Minor temporary droop of eyelid(s) and/or eye brow(s) in approximately 2% of injections, this usually lasts 2-3 weeks.
8. Minor temporary droop of the mouth, difficulty whistling or drinking through a straw.
9. Transient numbness lasting up to 2-3 weeks
10. In rare cases bruising, numbness, scarring can be permanent.
11. While local weakness of the injected muscles is the expected result of the action of Botox®, weakness of adjacent muscles may occur as a result of the spread of the toxin.
12. A decrease in facial expressions, particularly frowning while the injection is effective.
13. Transient headache
14. Allergic Reaction
15. Botox® contains human-derived albumin and carries a theoretic risk of disease transmission, however, there have been no reports of disease transmission through Botox®. **Initial** ____

PHOTOGRAPHS

I authorize the taking of clinical photographs before and after treatment for use in my personal record at West Linn Aesthetic Medicine and for treatment purposes ONLY. **Initial** ____

I authorize the use of the above stated photographs on the website of West Linn Aesthetic Medicine to show before and after Botox® results. **Initial only if okay** _____

Would you like your eyes covered in photographs? **Yes** **No**

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PREGNANCY, ALLERGIES AND NEUROLOGIC DISEASE

I am aware that I am NOT pregnant and I am not trying to get pregnant. I am not lactating (breast-feeding). I do not have any significant neurological disease including but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), and Parkinson's. I do not have a known allergy to the toxin ingredients, or to human albumin. **Initial** ____

PAYMENT

I understand that this is an "elective" cosmetic procedure and that payment is my responsibility and is expected at the time of treatment. **Initial** ____

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. **Initial** ____

RESULTS

I am aware that when small amounts of purified Botulinum toxin ("BOTOX®") are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts 3-6 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. Re-treatment is appropriate between 3-6 months after the initial injections. I will follow all pre and post-treatment instructions to help achieve the best results possible. **Initial** ____

I understand that this is an elective procedure and I hereby voluntarily consent to treatment and its associated risks with Botox® injection. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the office immediately. I have not been immunized against the effects of Botulinum toxin. I also state that I read and write in English. **Initial** ____

I understand that this consent form constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I hereby release the doctor, the person injecting the Botox® and the facility from liability associated with this procedure. 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 of the staff at West Linn Aesthetic Medicine regarding the above stated procedure. I consent for this Botox® treatment today and for all subsequent treatments.

Patient Name (Print)

Patient Signature

Date

Provider Name (Print)

Provider Signature

Date