Informed Consent: Injectable Neuromodulator

Client Name:_____

Product: Botox Dysport Other:_____

This document is to assist you with understanding botulinum toxin injection therapy, some associated risks, benefits, and alternative treatments. Please read it carefully and completely before signing. This will help you to make an informed decision about whether or not you wish to undergo the actual procedure. You have the right to read this consent form, ask any questions, and have your questions be answered to your satisfaction before receiving any treatment.

I am NOT pregnant to the best of my knowledge, NOR do I have any significant neurological disease. Certain drugs may potentiate the effect of botulinum toxin. These include aminoglycoside antibiotics, penicillamine, quinine, and calcium channel blockers. Treatment should be avoided if you are taking these medications.

BENEFITS
Injection of a small amount of purified botulinum toxin made by the bacterium clostridium botulinum, into specific muscles causes weakness or paralysis of those muscles. This can result in relaxation of the muscle and improvement of the lines that the muscle action has formed on the skin surface. This response is usually seen about 2-7 days after injection. The muscle action and wrinkle lines usually return in approximately 3-5 months, at which time a repeat treatment may be indicated. I have been advised that the object of this procedure is improvement in appearance, not perfection. It is possible for imperfections to occur, and that the results may not meet my expectations or goals.

ALTERNATIVES
Some alternatives include no treatment, topical treatments, laser or chemical peeling, and surgical procedures, such as a facelift, forehead lift, etc.

RISKS
Possible side effects include pain, swelling, itching, redness and/or bruising at or near the injection site, headache, asymmetry, infection, scarring, muscle twitching, numbness, eyelid and/or eyebrow drooping, double vision, and unsatisfactory results.

FOLLOW-UP CARE
Post-injection care is an important part of this therapy. Please keep any follow-up appointments and make sure you promptly contact the office for any questions or concerns. I understand that if I seek outside medical care, I am solely responsible for any expenses incurred.

DISCLAIMER
I consent to botulinum toxin injection therapy and the above information. I was given sufficient opportunity to discuss my condition and therapy with the treatment provider, and all my questions have been answered to my satisfaction. I acknowledge that I possess adequate knowledge upon which to give an informed consent to the proposed treatment.

I am aware and acknowledge that no guarantees or promises have been made to me about the results of the treatment and that risks and complications, some of which may not be stated in this document, can occur. I understand and accept the risks of these and other possible complications and consequences that may be associated with this treatment. I also understand that if there is a need for a “touch-up,” I will be responsible for purchasing additional product.

Client Signature	Date	Witness Signature	Date
Client Signature	Date	Witness Signature	Date
Client Signature	Date	Witness Signature	Date
Client Signature	Date	Witness Signature	Date