

DOCTORS OF INTERNAL MEDICINE
PATIENT BOTOX CONSENT FORM

PATIENT NAME: _____ DATE OF TREATMENT _____

BEING FULLY INFORMED ABOUT YOUR CONDITION AND TREATMENT WILL HELP YOU MAKE THE DECISION WHETHER OR NOT TO UNDERGO BOTOX® COSMETIC TREATMENT. IT IS SIMPLY AN EFFORT TO BETTER INFORM YOU SO THAT YOU MAY ACCEPT OR WITHHOLD YOUR CONSENT FOR THIS TREATMENT.

I HAVE REQUESTED THAT DR. _____ ATTEMPT TO IMPROVE MY FACIAL LINES AND ENHANCE FACIAL SHAPING WITH BOTOX® COSMETIC. THIS IS THE ALLERGAN, INC. TRADEMARK FOR BOTULINUM TOXIN TYPE A. THESE INJECTIONS HAVE BEEN USED FOR NEARLY TWO DECADES TO IMPROVE SPASM OF THE MUSCLES AROUND THE EYE, TO CORRECT DOUBLE VISION DUE TO MUSCLE IMBALANCE, AS WELL AS NUMEROUS OTHER NEUROLOGICAL USES.

BOTOX® COSMETIC CANNOT BE GIVEN IF YOU ARE PREGNANT, BREASTFEEDING, ON BLOOD THINNERS, OR HAVE ANY NEUROLOGICAL DISEASES; SUCH AS MS OR MYASTHENIA GRAVIS. THE EFFECTS OF THE MEDICATION MAY BE GREATER THAN EXPECTED IF YOU ARE TAKING CERTAIN AMINOGLYCOSIDE ANTIBIOTICS, SUCH AS GENTAMYCIN, TOBRAMYCIN, SPECTINOMYCIN, NEOMYCIN, KANAMYCIN, OR AMIKACIN. I WILL AGREE TO NOTIFY DR. _____ IF I HAVE ANY OF THESE CONDITIONS OR IF I AM TAKING THESE MEDICATIONS.

BOTOX® COSMETIC IS APPROVED BY THE FDA TO IMPROVE THE APPEARANCE OF THE VERTICAL LINES BETWEEN THE BROWS. INJECTIONS IN OTHER AREAS TO IMPROVE THE APPEARANCE OF FACIAL LINES AND FOR FACIAL SHAPING HAVE BEEN WELL DOCUMENTED IN THE LITERATURE, ALTHOUGH THEY ARE CONSIDERED "OFF LABEL" USES. THE RESULTS OF BOTOX® COSMETIC ARE USUALLY DRAMATIC, ALTHOUGH THE PRACTICE OF MEDICINE IS NOT AN EXACT SCIENCE AND **NO GUARANTEES CAN BE OR HAVE BEEN MADE CONCERNING EXPECTED RESULTS.**

PATIENT'S INITIALS _____

THE BOTOX® COSMETIC SOLUTION IS INJECTED WITH A TINY NEEDLE INTO THE SKIN AND MUSCLE. YOU SHOULD SEE THE BENEFITS DEVELOP OVER THE NEXT TWO TO SEVEN DAYS. A DECREASED APPEARANCE OF FROWNING, CREAMING, LINES, AND/OR A CHANGE IN SPECIFIC FACIAL GRIMACING WILL BE THE RESULT OF THIS TREATMENT.

PATIENT'S INITIALS _____

THE MOST COMMON SIDE EFFECTS ARE HEADACHE, RESPIRATORY INFECTION, FLU SYNDROME, TEMPORARY EYELID DROOP, AND NAUSEA. BOTOX® COSMETIC SHOULD NOT BE USED IF THERE IS AN INFECTION AT THE INJECTION SITE. ADDITIONALLY, SLIGHT TEMPORARY BRUISING MAY OCCUR AT THE INJECTION SITE. I HAVE BEEN ADVISED OF THE RISKS INVOLVED IN SUCH TREATMENT, THE EXPECTED BENEFITS OF SUCH TREATMENT, AND ALTERNATIVE TREATMENTS.

PATIENT'S INITIALS _____

I UNDERSTAND THAT THE RESULTS ARE TEMPORARY AND REPEAT TREATMENTS ARE NEEDED TO MAINTAIN THE DESIRED RESULTS.

PATIENT'S INITIALS _____

I AGREE THAT THIS CONSTITUTES FULL DISCLOSURE AND THAT IT 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. I CONSENT TO THIS BOTOX® COSMETIC TREATMENT TODAY AND FOR ALL SUBSEQUENT TREATMENTS.

PATIENT'S SIGNATURE _____ DATE _____

PHYSICIAN SIGNATURE _____ DATE _____