



INFORMATIONAL INFORMED CONSENT

Botulinum Toxin (Botox) and Dermal Fillers

I UNDERSTAND that treatment involving Botox and Dermal Fillers may entail certain risks and possible unsuccessful results, with even the possibility of failure to achieve the results which may be desired or expected. Even though care and diligence is exercised in this subject treatment, there are no guarantees of anticipated or desired results nor of the longevity of the treatment.

Botulinum toxin (Botox® and similar agents) is a neurotoxin produced by the bacterium *Clostridium A*. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or essentially disappear. Areas most frequently treated are: a) frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); c) forehead wrinkles; d) radial lip lines (smokers lines), e) head and neck muscles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results can last up to 3 months. With repeated treatments, the results may tend to last longer.

There are risks and complications associated with administration of Botox. Nevertheless, I agree to assume those risks, possible unsuccessful results and/or failure associated with, but not limited to the following

1. Post treatment discomfort, swelling, redness, bruising, headache, numbness, pain at the injection site. Some patients sustain lightly swollen pinkish bumps at the injection site which usually last 1-2 hours but may last several days.
2. Infections can occur which in most cases are treatable but in rare cases can result in permanent scarring.
3. Flu-like symptoms with mild fever or back pain.
4. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, skin tightness or irritation.
5. Double vision which is usually temporary.
6. A weakened tear duct. Also, patients with normally dry eyes must use special caution in considering Botox injections around the eyelid region.
7. Allergic reaction.
8. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks,
9. More than one injection may be needed to achieve a satisfactory result.
10. There may be an uneven appearance of the face with some muscles more affected than others.
11. Deeper structures such as nerves, blood vessels and the eyeball may be damaged during the course of the injection. Injury to deeper structures may be temporary or permanent. Blindness is rare but possible.
12. There are potential adverse reactions that can occur as the result of taking over-the-counter, herbal and/or prescription medications, particularly those that can have an effect on bleeding.

There are risks and complications associated with treatment with dermal fillers which can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately.

The following risks may occur, in addition to those listed above with Botox injections, but there may be unforeseen risks and risks that are not included in this paragraph with the use of dermal fillers. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, bruising, and discoloration; 2) Post treatment infection associated with any transcutaneous injection; 3) Allergic reaction; 4) Reactivation of herpes (cold sores); 5) Lumpiness, visible yellow or white patches; 6) Granuloma formation; 7) Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs.

INFORMED CONSENT TO TREATMENT: I have been given the opportunity to ask any and all questions regarding the nature and purpose of treatment with Botox and/or dermal fillers and have received all answers to my satisfaction. I do voluntarily assume any and all reasonable medical/dental risks, including the substantial and significant risk of serious harm, if any, which may be associated with any phase of this procedure in hopes of obtaining the potential desired results from the treatment to be rendered to me. No guarantees or promises have been made to me concerning the results. The fee(s) for this (these) services have been explained to me and are satisfactory. I acknowledge that the procedures to be performed are elective in nature. By signing this form, I am freely giving my consent to allow and authorize Dr.____ and/or his/her associates to render any treatment deemed necessary, desirable and/or advisable to me, including the administration and/or prescribing of any anesthetics or medications.

Patient's Name (please print)

Signature of patient, legal guardian,
or other authorized person

Date

Witness to Signature

Date

(Rev.1-19)