

Botox Information and Consent Form

What is Botox?

Botox is a purified protein complex derived from bacterium clostridium botulism. It is FDA approved and is the only treatment for frown lines. It has been approved in 76 countries and studied therapeutically for 20 years. Botox can also be used for over active sweat glands.

How does Botox work?

Botox works to smooth the muscles by blocking nerve impulses. It involves a few tiny injections.

Does it hurt?

Botox injections have minimal discomfort. It takes approximately ten minutes to perform treatment. The average patient will use about 25-30 units per treatment.

Are there side effects?

You may experience minor side effects including: headache, slight bruising at the injections site, localized numbness, rash, flu symptoms, and temporary loss of nearby muscle function. These are temporary and usually reside within a few days.

Is there anyone you can not treat?

Individuals with an infection, cystic acne, or neurological disorders can not be treated with Botox.

When will I see results?

Results vary but may take up to a week to be visible. Botox results usually last 3-6 months.

What are the post treatment procedures?

For 4-6 hours after treatment you will want to remain upright. Do not lie down, exercise, or massage the treated area as this can cause the Botox to migrate into undesired areas. You may wear make-up 6-12 hours after a treatment. We recommend that you refrain from taking of doses of vitamin E, ginger, Gingko Biloba, ginseng, garlic, and aspirin or aspirin-like products for several days pre and post treatment, as this may increase or cause bruising. If the Botox migrates to your eyelid eye drops can be prescribed to resolve this matter. If you experience a headache, Tylenol, Motrin, cool compresses, and dimming the lights may help to relieve the pain. People who suffer headaches often report that they have fewer headaches after Botox treatments.

By signing below, I acknowledge that I have read the Botox information and consent form and that I have discussed the risks and benefits of Botox with my physician and/or his/her representative. I understand the information provided and I consent to Botox cosmetic treatment.

Patient Signature

Date

I have discussed the risks and benefits of Botox treatments with the patient, have answered his/his questions, and find him/her an appropriate candidate for Botox cosmetic treatments.

Physician/Physician Representative

Date