**BOTULINUM TOXIN TYPE A**  
**(Botox Cosmetic)**

Botox is made from the Botulinum Toxin Type A, a protein produced by the bacteria Clostridium botulinum. For the purpose of improving the appearance of wrinkles, small doses of the toxin are injected into the affected muscles blocking the release of a chemical that would otherwise signal the muscle to contract. The toxin thus paralyzes or weakens the injected muscle. The treatment usually begins to work within 24 to 48 hours and can last up to four months. The Food and Drug Administration (FDA) approved the cosmetic use of Botulinum Toxin Type A for the temporary relief of moderate to severe frown lines between the brow and recommends that the procedure be performed no more frequently than once every three months.

It is not known whether Botulinum Toxin Type A can cause fetal harm when administered to pregnant women or can affect reproduction capabilities. It is also not known if Botulinum Toxin Type A is excreted in human milk. For these reasons, Botulinum Toxin Type A should not be used on pregnant or lactating women for cosmetic purposes.

Patient’s Initials

_____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.

_____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

_____ I understand that the FDA has only approved the cosmetic use of Botulinum Toxin Type A for frown lines between the brow. Any other cosmetic use is considered “off-label”.

_____ I understand and accept that the most likely material risks and complications of Botulinum Toxin Type A injection(s) have been discussed with me and may include but are not limited to:

- abnormal and/or lack of facial expression
- allergic reaction/violent allergic reaction
- disorientation, double vision, and/or past pointing
- facial pain
- headache, nausea, and/or flu-like symptoms
- inability to smile when injected in the lower face
- local numbness
- paralysis of a nearby muscle, which could interfere with opening the eye(s)
- product ineffective
- temporary asymmetrical appearance
- swallowing, speech, and/or respiratory disorders
- swelling, bruising, and/or redness at injection site

_____ I understand and accept that the long-term effects of repeated use of Botox Cosmetic are as yet unknown. Possible risks and complications that have been identified include but are not limited to:

- muscle atrophy
- nerve irritability
- production of antibodies with unknown effect to general health

_____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with this procedure.

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.

_____ I have been advised whether I should take any or all of these medications on the days surrounding the procedure.

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____ I am aware and accept that no guarantees about the results of the procedure have been made or implied.
____ I have been advised of the probable consequences of declining recommended or alternative therapies.
____ I have been informed of what to expect post treatment, including but not limited to: estimated recovery time, anticipated activity level, and the necessity of additional procedures if I wish to maintain the appearance this procedure provides me.
____ I am not currently pregnant or nursing, and I understand that should I become pregnant while using this drug, there are potential risks, including fetal malformation.
____ If pre- and postoperative photos and/or videos are taken of the treatment for record purposes, I understand that these photos will be the property of the attending physician.
____ I understand that these photos may only be used for scientific or record keeping purposes.
____ I have been advised to seek immediate medical attention if swallowing, speech, or respiratory disorders arise.
____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____________________________, M.D., with associates or assistants of his or her choice, to perform the following procedure of Botulinum Toxin Type A injection(s) on _____________________________ for the treatment of ________________________________ (patient name) (i.e., brow, forehead, “crow’s feet,” etc.) at _____________________________ (name of facility)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

_______________________________                 ______________________________
Patient or Legal Representative Signature/Date/Time             Relationship to Patient

_______________________________                 ______________________________
Print Patient or Legal Representative Name                                          Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

_______________________________                 ______________________________
Physician Signature/Date/Time

_______ copy given to patient           _______ original placed in chart
     initial                                                                          initial