



Informed Consent

BOTOX® Injection

PATIENT: _____

I have requested that _____ attempt to improve my facial expression lines with BOTOX®. This is the trademark for botulinum toxin. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasm of the facial muscles. This toxin has also been useful in the correction of double vision due to muscle imbalance. Injection of minute amounts weaken the muscle and prevent frowning, crow's feet, and expression lines. Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning my expected results.

INITIAL _____

Improvement in injected areas will occur gradually within two weeks. Side effects and complications have been minimal. Slight swelling and/or bruising may occur and last for several days after the injections. Rarely, an adjacent muscle may be weakened temporarily, lasting for several weeks. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

INITIAL _____

I certify that I have read and fully understand the information above and that I have had sufficient opportunity for discussion and all questions answered to my satisfaction.

Signature

Date

Witness