



Patient Consent Form Botox® Cosmetic

Patient Name _____ Date of Birth _____ Today's Date _____

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo Botox® Cosmetic treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

Please initial:

_____ I have requested that Ironwood Family Practice attempt to improve my facial lines with Botox® Cosmetic. Botox® Cosmetic is approved by the FDA to improve the appearance of the vertical lines between the brows and forehead lines and "crow's feet"/around the eyes. Botox® Cosmetic injections in other areas to improve the appearance of facial lines have been reported in the literature, but the FDA has not approved these 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.

_____ I attest that I am not pregnant, trying to become pregnant, or breastfeeding.

_____ Alternative methods and their benefits and disadvantages have been explained to me.

_____ Botox® Cosmetic solution is injected with a tiny needle into the muscle; you see the benefits develop over the next two to seven days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment.

_____ The most common side effects include the following: headache, temporary eyelid edema (when treating crow's feet), and in rare instances, temporary eyelid droop. Injections should not be performed if there is an infection at the injection site. Additionally, slight temporary bruising may occur at the injection site. As with all injections, there is a risk of infection at the injection site. 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.

_____ I understand the results are temporary and several sessions may be needed for optimal results. The duration of effect varies for each individual and is dependent on how long someone has been receiving Botox® Cosmetic treatments, individual metabolism variance, how many units are used, and activity level (for best results for endurance athletes we recommend refraining from strenuous activity or workouts for 24 hours after treatment). The standard duration is approximately three months but can range from two to six months depending on above variables.

_____ I understand that this procedure is an "elective" cosmetic procedure and that payment is my responsibility. Any expenses which may be incurred by medical care I elect to receive outside of this office, such as, but not limited to, dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

_____ I consent to having before and after pictures taken for documentation purposes only. These will never be shared outside my chart without my explicit written consent.

_____ 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 Botox® Cosmetic treatment today and for all subsequent treatments.

Patient Name (please print) _____ Date _____

Patient Signature _____

Physician/Physician Representative Signature: _____ Date _____