



Before consenting to treatment with botulinum toxin I state, to the best of my knowledge, I do not have any of these conditions:

- Diseases that affect the muscles and nerves such as amyotrophic lateral sclerosis or Lou Gehrig's disease, Myasthenia gravis or Lambert Eaton syndrome
- Allergies to any botulinum toxin product
- Allergies to cow's milk product (Dysport)
- Any past side effects from Botox
- Breathing problems such as asthma or emphysema
- Swallowing problems or inhaling food or fluid into your lungs (aspiration)
- Pregnancy or active breast-feeding

INSTRUCTIONS:

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo treatment with botulinum toxin. This disclosure is an effort to better inform you so that you may give or withhold your consent for this elective treatment. It is important that you read this information carefully and completely.

INTRODUCTION:

Clostridia botulinum bacteria produce a class of chemical compounds known as "toxins". The botulinum toxin is then processed and purified to produce a sterile product suitable for specific therapeutic uses. Once a diluted toxin is injected it produces a temporary paralysis of muscle by preventing transmission of nerve impulses to that muscle. The duration of muscle paralysis generally last for approximately 3 months. Botulinum toxin has been used to treat certain conditions involving crossed eyes, eyelid spasm and motor disorders of the facial nerve. It has been used in other cosmetic treatments such as facial wrinkles and neck bands caused by specific muscle groups. Botulinum injections are customized for every patient, depending on his or her particular needs.

ALTERNATIVE TREATMENTS:

Alternative forms of management include not treating the skin wrinkles by any means. Improvement of the skin wrinkles may be accomplished by surgery such as blepharoplasty, facelift etc. Minor skin wrinkling may be improved through chemical skin peels, lasers, injections of filling materials or other skin treatments. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

RISKS OF BOTULINUM TOXIN INJECTION

Every procedure involves a certain amount of risk and it is important to understand the risks involved. In individuals choice to undergo those procedures based on the comparison in the wrist to potential benefit. Although the majority of patients do not experience any of the following complications you should discuss them with your provider to make sure you understand the risks, potential complications and consequences of injections.

- Bleeding-it is possible, though unusual, to have a bleeding episode after a botulinum toxin injection. Bruising in the soft tissues may occur. Should you develop post-injection bleeding it may require emergent treatment or surgery. Do not take aspirin or other anti-inflammatory medications for 2 days before injections as this may contribute to a greater risk of bleeding.
- Damage to deeper structures such as nerves, blood vessels in the eye may be damaged during the course of injection. These injuries may be temporary or permanent.
- Corneal exposure-some patient's experience difficulties closing her eyelids after injections and problems may occur in the cornea due to dryness. Should this rare complication occur additional treatment such as protective eyedrops/ointments or lid closure devices may be necessary.
- Dry eyes-individuals who normally have dry eyes may be advised to use special caution in considering botulinum injection around the eyelid region.
- Migration of botulinum toxin-botulinum toxin may migrate from his original injection site to other areas of previous temporary paralysis of other muscle groups or other unintended effects.
- Drooping eyelids-muscles that raise the eyeball may be affected by botulinum toxin should this material migrated downward for other injection areas.
- Asymmetry-the human face and eyelid region is normally asymmetric with respect to structural anatomy and function there can be a variation from one side to the other in terms of response to botulinum toxin injection.
- Pain-discomfort associated with botulinum toxin injection is usually short duration.
- Skin disorders, skin rash and swelling may rarely occur following injections.
- The long-term effects of botulinum toxin injection and tissue is unknown.
- There is the possibility of a poor or inadequate response to botulinum injection. Additional injections may be necessary. Surgical procedures or treatments may be needed to improve the skin wrinkling
- Allergic reactions as with all biologic products allergic and systemic anaphylactic reactions may occur. Allergic reactions may require additional treatment.
- Antibodies to botulinum toxin-presence of antibodies to toxin may reduce the effectiveness of this material and subsequent injections.
- Infection is extremely rare after injections but should an infection occur additional treatment may be necessary.
- Pregnancy at nursing mothers-animal reproductive studies have not been performed to determine if botulinum toxin could probably reduce fetal harm it is not known whether botulinum toxin is extruded and human milk.
- Blindness is extremely rare after botulinum injections however it can be caused by internal bleeding around the eye or a needle stick to the eyeball.
- Drug interactions-the effect of botulinum may be potentiated by aminoglycoside antibiotics or other known drugs to interfere with neuromuscular transmission.
- We only use FDA approved products purchased directly from the manufacturer

RESULTS:

I understand that the number of units injected is an estimate of the amount of botulinum toxin required to paralyze the muscle in order to get a desired result. I understand the results are temporary in nature and more treatments will be needed to maintain improvement. I also understand there is no guarantee of results of any treatment. Furthermore I understand and agree that all services rendered to me are charged directly to me and that I am responsible for the payment.

FINANCIAL RESPONSIBILITIES

The cost of the injection may require several charges such as a professional fee for the injections, follow-up visits to monitor the effectiveness of treatment and the cost of the material itself. It is unlikely that injections to treat cosmetic problems will be covered by your health insurance. Additional cost of medical treatment would be your responsibility should any complications develop.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of your disease/ condition along with the disclosure of risks and alternative forms of treatment. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However informed consent document should not be considered all inclusive in defining other methods of care and risks encountered.

There may provide you with additional or different information which is based on all the facts pertaining to your particular case and the state of medical knowledge. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in individual case and are subject to change as scientific knowledge/technology advances and practice patterns involved. It is important that you read the above information carefully and have all your questions answered before signing consent.

CONSENT:

I hereby authorize employees and assistance to perform the following procedure treatment:

- Botox Injection
- Dysport Injection

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained. I consented for photos/video of the procedure to be performed including portions of my body for medical, scientific or educational improvements. For the purposes of advancing medical education I consent to the admittance of observers in the treatment room. It has been explained to me in a way that I understand the above treatment or procedure to be undertaken, there may be alternative procedures or methods of treatment and the risks to the procedure/treatment proposed.

I consent to the treatment/procedure of the above listed items.

Patient name (Printed)

Patient Signature

Date

Witness Signature

Date