

MD DIET/SERENITY MD

CONSENT FOR BOTOX INJECTIONS

Patient's Name

Date of Birth

Date

Botox is a substance originally used for treating muscular disorders of the eye, but has also been found useful as a reversible muscle relaxant. As such, it may be used to temporarily relax certain facial muscles, thus having a cosmetic effect by smoothing certain facial wrinkles ("Crow's feet" and other lines of expression). The effect of Botox begins in a few days and lasts for up to 3 months, at which time retreatment is necessary to gain a similar muscle relaxant effect. Occasionally, "touch-up" injections may be required for full effect. Studies have shown that, in rare cases, a patient may develop antibodies to Botox in as few as three doses, thereby reducing its effectiveness. Thus, Botox may occasionally not have the planned effect or the results may not be as anticipated.

You have the right to be informed about the proposed treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and complications involved. This disclosure is not meant to create anxiety, but is simply an effort to better inform you so that you may give or withhold your consent.

Botox injections may include, but are not limited to, the following risks and complications:

1. Allergic reactions, including rash, itching, local swelling, or more severe reactions.
2. Botox contains albumin from human blood, to which certain individuals are allergic. **If you have had adverse reactions to certain immunizations or allergic to eggs, you should not use Botox.**
3. The effects of Botox are potentiated (increased) when patients are taking certain antibiotics (aminoglycoside derivatives) and other drugs that interfere with neuromuscular transmission. Be sure to advise your doctor of all medications you are taking or having recently taken.
4. Because Botox contains human albumin, there is a remote chance of transmission of serious viral diseases. This complication has never been identified, but it is possible.
5. Bruising may be possible, especially if Botox is used around the eye area. Typically, these discolored areas disappear with time.
6. Patients who are using substances that can prolong bleeding, such as aspirin, non-steroidal anti-inflammatory drugs (Ibuprofen, Motrin, etc.) and warfarin (Coumadin) may, as with any injection, experience increased bruising or bleeding at injection sites.
7. If used around the eye, Botox may cause difficulty in closing eyelids tightly. The result may be corneal exposure with resultant drying, potential ulceration and visual complications. The affected eyelid may droop. Protective patching and/or medication may be required until this complication has passed.
8. The safety of Botox in pregnant women or nursing mothers has not been established. Please advise your doctor if there is any chance you might be pregnant.
9. Other possible complications: _____
10. I have fully and truthfully informed my doctor of my past medical and social history, including drug and alcohol use, recognizing that withholding information may jeopardize the planned outcome of this treatment.
11. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal result.
12. If any unforeseen condition should arise during this procedure calling for additional or different procedures from those planned, I authorize my doctor to use professional judgment to provide the appropriate care to complete the procedure.
13. I understand this is an elective procedure and have not been given any warranty or guarantee as to the result of the proposed procedure.
14. I certify I have had an opportunity to read the above paragraphs and I fully understand the terms used. I understand the reasons for the proposed treatment and potential benefits to me; it has been explained to me what alternatives there are, if any, to this treatment. All my questions have been answered to my satisfaction and I am willing to undergo this and future elective treatment(s). I also acknowledge that any of my elective procedure(s) are nonrefundable. I also state that I read, speak and understand English.

Patient's Signature

Date

Witness' Signature

Date

revised 10/05/17