BOTOX INFORMED CONSENT FORM

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To the CLIENT: You have a right to be informed about your condition and its treatment, so that you have the decision whether or not to undergo the procedure after knowing the risks and hazards involved. You have the right and privilege to refuse this procedure before or *after you have carefully considered the risks compared to the benefits.*

1) I attest that I am not allergic to eggs or to Botox.
2) I voluntarily request that Dr. Zacher (and such associates, trained cosmetic assistants) administer the drug Botulinum Toxin Type A (Botox®) to me. I understand the intended use and benefit of Botox is to improve the appearance of wrinkles around the eyes (crow's feet), moderate to severe frown lines between the eyebrows (glabellar lines).
3) I have been advised and I understand that: research has proven Botox® works best on those wrinkles known as "hyperkinetic wrinkles" (wrinkles in motion). These hyperkinetic muscles contract during facial expressions such as squinting or frowning. Botox® works by blocking the signal from crossing the "neuromuscular junction" and allows the muscle to relax and helps to eliminate the wrinkles that lie above. I have been advised and I understand that: Botox® can be injected in small amounts into the affected muscle(s) and that no sedation is required for a Botox® injection. I understand that the FDA has approved Botox® for patients under the age of 65.
4) I understand that the benefit of Botox® develops over a two week and lasts approximately 3-6 months. The treatment is temporary. **I understand and acknowledge that no guarantee has been given as to the results of a Botox® treatment. It has been explained to me that this procedure may fail to reduce wrinkles completely and that multiple treatments are required to obtain results.**
5) I understand that the alternative of not using Botox® is to use prescribed creams (Retina A or a chemical peel), facial exercises, or treatments (laser resurfacing) as discussed with me by my physician.
6) I understand the risks associated with the use of Botox® include but are not limited to: swelling, bruising, rash, local numbness, pain at the injection site, headache, drooping eyes, loss of facial expression, drooling, burning sensation and/or minimal pain during the injection, paralysis in one or more extra-ocular muscles (eyes) causing double vision, facial asymmetry, permanent loss of muscle tone with repeated injections, development of antibodies, and allergic reaction
7) I understand that infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
8) I understand that I may have lightly swollen pinkish bumps at the injection sites, for a couple of hours or even several days.
9) Because of my particular medical condition, the following additional risks have also been explained to me: ☐ No known medical conditions

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10) I understand that certain medications (e.g. antibiotics, aspirin, anti-inflammatories) and even some vitamins (C, E, fish oil) and herbs may increase the potency of Botox and may increase bleeding and bruising at the time of injection.
11) I attest that I have provided my physician with a list of all my current medications and supplements.
12) I understand that pregnant or nursing mothers should not undergo Botox® injections. It is not known through research whether a Botox® injection has any effect on a fetus or whether it is found in breast milk and is therefore presumed unsafe. I verify that to the best of my knowledge I am not pregnant and I am not nursing.

    _____ **(initial here)**

13) I also have been advised that patients with Eaton-Lambert syndrome, Lou Gehrig's disease, Bells palsy or myasthenia gravis should also not receive Botox; I attest that I do not have any of these diseases.

    _____ **(initial here)**

14) I confirm with my signature below that my physician (and such associates, trained cosmetic assistants) have discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to my satisfaction, and that I thereby give informed consent for the administration of Botox® on me.
15) I voluntarily request treatment with Botox by my physician and/or such associates, trained cosmetic assistants. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure.

Treatment & Payment

I understand that this is cosmetic and therefore not covered by insurance. Payment in full is due at the time of treatment. We accept Visa, Mastercard, Amex, Check and Cash.

Patient signature:

_____Date_____

Witness:

_____Date_____