cfm Charlottesville Family Medicine

Botulinum Therapy Consent Form

Please initial each section to indicate that you understand each topic. Do not initial if you desire more information

Proposed Treatment
Injection of a very small amount of BoTox, a purified toxin produced by the bacterium clostridium botulinum, into the specific muscle causes weakness or paralysis of that muscle. This results in relaxation of the muscle and improvement of the lines or wrinkles that the muscle action has formed. ***Initials:*** _____

Anticipated Benefit
Response usually is seen 2-10 days after injection. Typically, the muscle action (and wrinkles) will return in 3-5 months. At this point, a repeat treatment will relax the muscle and soften the lines again. ***Initials:*** _____

I understand that several sessions may be needed to complete the injection series. I understand that there is a separate charge for *any* subsequent treatment. ***Initials:*** _____

Risks and Complications
Possible side-effects include: transient headache, swelling, bruising, pain during injection, twitching, itching, numbness, asymmetry (unevenness), temporary drooping of eyelids or eyebrows. These side-effects are rare, but have been reported. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. known significant risks have been disclosed, yet the theoretical risk of unknown complications does exist. ***Initials:*** _____

Bruising may occur after Botox injections. Substances that increase the risk of bruising include Vitamin E, aspirin, motrin and other non-steroidal anti-inflammatory drugs. I understand that if I have taken any of the above within the past 7 days, I have an increased risk of bruising. Bruising is also a significant risk with the use of blood thinning medications such as coumadin. In understand that if I am taking a blood thinning medication, this treatment may result in significant bruising and may not be recommended. ***Initials:*** _____

I understand that there may be a higher possibility of side-effects if I do not follow certain instructions and will adhere to these instructions for at least 4 hours from the time of treatment. These include:

- I will not lie down or bend forward for exteneded periods of time for at least 4 hours from the time of treatment.
- I will not manipulate or massage the treated area for at least 4 hours after the treatment. ***Initials:*** _____

Pregnancy & Neurological Disease
I understand that there are certain conditions where Botox treatments are not recommended. These include:

- Neurological disease, such as myasthenia gravis
- Pregnancy or breastfeeding

None of the conditions above apply to me. ***Initials:*** _____

Limitations and Alternatives
BoTox is best at treating dynamic facial lines, those caused by facial muscle activity; lines present at rest may or may not work as well or for as long as expected, or may not work at all. I have been informed of other alternatives which exist for the treatment of wrinkles such as topical creams, chemical peels, laser treatments, surgical removal of the frown muscles, forehead/brow lift, facelift, collagen or hyaluronic acid treatments. ***Initials:*** _____

Cost/Fees
Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee for touch ups. There is a 50% prepayment fee of $_____. ***Initials:*** _____

Follow-Up
I agree to follow-up in 2-4 weeks after my first treatment If asked to do so by my physician. ***Initials:*** _____

I have read the above and understand it. My questions have been answered satisfactorily by the doctor and complications of the procedure.

_____ _____
Patient Signature Date Patient Name (Print) Date

_____ _____
Witness Signature Date Witness Name (Print) Date

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