

Patient Consent Form BOTOX[®] Cosmetic/Dysport Botulinum Toxin Type A

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTOX[®] Cosmetic /Dysport treatment. This disclosure is not to alarm you but to better inform you so that you may withhold your consent for this treatment.

I have requested the IIIIDS to attempt to improve my facial lines with BOTOX[®]/Dysport. This is the Allergan Inc. trademark for Botulinum Type A. BOTOX[®] Cosmetic/Dysport is now approved by the FDA to improve the appearance of vertical lines between the brows. A few tiny injections of BOTOX[®] Cosmetic/Dysport relax the overactive muscles and soften these vertical lines. Injections in other areas improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. The results of BOTOX[®] Cosmetic/Dysport are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning the expected results.

The BOTOX[®] Cosmetic/Dysport solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next 2-14 days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment;.

The most common side effects are headache, redness and/or mild swelling at injection site, temporary eyelid droop, and nausea. BOTOX[®] Cosmetic/Dysport should not be used if there is an infection at the injection site. Additionally, slight temporary bruising may occur 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 that the results are temporary and several sessions may be needed for optimal results.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Patient Name (Please print) _____

Patient Signature

Date