



Botulinum A Toxin (Botox®)
NEURO MODULATOR INFORMED CONSENT

I, _____, understand that I will be injected with Botulinum A Toxin ('Botox®') in the area of the glabellar (frown) muscles to paralyze these muscles temporarily or in the forehead or crow's feet around the lateral area of the eyes.

Botulinum A Toxin injection has been approved for use in the cosmetic treatment for glabellar frown lines, the wrinkles between the eyebrows, forehead and lateral canthus-crow's feet. Botulinum A Toxin is also injected into other areas for muscle relaxation. The list of off label uses changes over time as new information and uses are recognized.

Injection of Botulinum A Toxin into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary, usually within two to three months.

The possible side effects of Botulinum A include, but are not limited to:

1. **Risks: I understand there is a potential risk of COMMON reactions such as swelling, rash, headache, local numbness, pain at the injection site, and bruising.** This bruising can last for several hours, days or even weeks in rare cases.
2. **Infection:** Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur (UNCOMMON).
3. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days. Skin irritation is possible.
4. Although many people with chronic headaches or migraines often get relief from botulinum A toxin, a small percentage of patients get headaches following treatment with the toxin. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Flu like symptoms with mild fever and back pain (UNCOMMON).
6. Allergic/respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness in the chest (UNCOMMON).

7. While local weakness of the injected muscles is representative of the expected pharmacological action of Botulinum A Toxin, weakness of adjacent muscles may occur as a result of the spread of the toxin.
8. **Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.
9. Another risk when injecting botulinum A toxin around the eyes is corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops may not be effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.
10. I agree not to seek therapy at the same time from any other botulinum A toxin clinic or injector without full disclosure to all parties, including full details of my treatments. To do so would risk doses of the toxin that are either too large or too frequent and are in excess of the product pharmacologic monograph guidelines for the administration of the toxin.
11. I agree that it is my responsibility to bring forth and disclose any changes in my health, pregnancy or breast-feeding status prior to my treatments as it may impact therapy with Botulinum A toxin.
12. **Other rare events or previously unknown side effects may occur during treatment with Botulinum A toxin injection. These symptoms and side effects may or may not be related to the toxin injection. I, the patient, accept these risks by signing this consent and proceeding with the treatment.**

I will follow all aftercare instructions, as it is crucial I do so for healing and optimal results.

As Botulinum A Toxin treatment is not an exact science, there may be an uneven appearance of the face with some muscles more affected by the Botulinum A Toxin than others. In most cases this uneven appearance can be corrected by injecting more Botulinum A Toxin in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

Other factors may influence skin aging such as smoking, unhealthy diet, excess alcohol consumption and may affect/negate the overall results of the Botulinum A Toxin results.

Botulinum A Toxin should not be administered to a pregnant or nursing woman.

Botulinum A Toxin should not be administered to people who are allergic to any of the ingredients in BOTOX or had an allergic reaction to DYSPORT or XEOMIN

Botulinum A Toxin should not be administered in people who have a disease that affects your muscles or nerves (such as amyotrophic lateral sclerosis, myasthenia gravis or Lambert-Eaton syndrome).

The number of units injected is an estimate of the amount of Botulinum A toxin required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments, adjustments and top-offs.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal, recovery and carrying fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I also understand other options are available to me.

I hereby give consent to perform this and all subsequent Botox treatments with the above understood. I hereby release the doctor, the person injecting the Botox and the facility from liability associated with this procedure.

I consent to the taking of pictures that will become part of my medical record and the strictest confidence will be maintained.

I confirm I have been seen by Dr. Salem (Medical Director). Initial _____

This consent form is valid for 1 year unless I experience any change in medical history which I must advise the clinic of. Initial _____

Name: _____ **Signature:** _____ **Date:** _____

Witness: _____ **Date:** _____