

Donna Johnston, MD: Consent for Botox or Xeomin Botulinum Toxin Type A injections

Patient's name: _____ Date of procedure: _____

Botox and Xeomin are made from Botulinum Toxin Type A, a protein produced by the bacterium Clostridium Botulinum. The purpose of Botox or Xeomin is to improve the appearance of wrinkles. Botulinum injections involve a series of small injections in order to weaken the chosen muscle. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7-14 days. Results can last 3-5 months and the procedure can be repeated if desired.

I authorize injection of the below areas with Botox or Xeomin:

_____ Between the eyebrows (the "angry 11's") _____ Forehead _____ Brow
_____ Crow's feet _____ under the eyes
_____ Axilla (armpit) _____ Other: _____

I understand that the FDA has only approved the cosmetic use of Botulinum A Toxin for frown lines, between the brows and underarm sweating. Other cosmetic uses are the crow's feet and forehead. I understand and accept that the long-term effects of repeated use of Botox are not yet known.

Risks and complications of Botulinum A Toxin injections include but are not limited to:

- Paralysis of a nearby muscle that could interfere with function
- Local numbness
- Headaches, nausea or flu-like symptoms
- Swelling, bruising, or redness at injection site
- Temporary asymmetrical appearance
- Abnormal or lack of facial expression
- Product ineffectiveness

If I am currently pregnant or nursing or should I become pregnant while using this drug, I understand that there are potential risks including fetal malformations. _____ (initial)

I understand the intention of this cosmetic procedure is to improve my appearance but that there are no guarantees that this will occur. _____ (initial)

I understand this is a cosmetic procedure and therefore will not be covered by my insurance plan. I have agreed to pay self-pay for the procedure. _____ (initial)

I certify that I have read and understand this treatment agreement and hereby authorize the injections of Botox or Xeomin to me.

Patient's name: _____

Patient's signature: _____

Date: _____

Signature of witness/staff: _____

Date: _____

Physician/Provider: _____

Date: _____

