

**Richard Blanchar, M.D.**  
**BAYVIEW GENERAL MEDICINE**  
*Excellence in Aesthetics*

4401 West Tradewinds Avenue • 3<sup>rd</sup> Floor • Lauderdale-by-the-Sea, FL 33308 • (954) 776-6992

---

**Consent for Neuromodulator Injection Therapy**  
(Botox Cosmetic®, DYSPORT®, Xeomin®)

This treatment involves injecting 12-21 sites of the facial muscles with minute amounts of botulinum toxin. This toxin temporarily weakens the facial muscles to give the skin a smoother and more rested appearance. Although the results are usually dramatic, I have been made aware concerning the expected results in my case.

I have been given and reviewed the information about neuromodulators. I understand the benefits develop over 2-7 days and can last 6 weeks to 6 months based on individual variability.

I also understand that a small percentage of people are minimally responsive to the treatment. In some cases, the “response” lessens with repeated treatments due to antibody formation against the toxin.

Side effects and potential complications have been reviewed with me, and can include minor swelling, bruising, eyelid or eyebrow droop, asymmetry of the lower face, or skin rash (in the event of allergic reaction). Rarely, an adjacent muscle may be weakened for several weeks after an injection. Temporary double vision is extremely rare, but has been reported (particularly when used by ophthalmologists to treat spastic eyelid muscles blepharospasm). These effects, along with natural muscle activity, will recover over many weeks to months. I have been advised of the post-treatment instructions and understand these should be followed to minimize risk of complications.

Authorization for disclosure of information: I authorize Dr. Blanchar to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until the date of the conclusion of such treatment, to those individuals who, in Dr. Blanchar’s sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review.

I have been advised of the risks involved, the expected benefits, and the alternative treatments, including no treatment at all.

I agree that this constitutes full disclosure. I certify that I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

**I understand that an appointment will be scheduled the day of treatment for my 2-week cosmetic follow up, which will include having pictures taken.**

Patient signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name: \_\_\_\_\_