

## Neurotoxin Therapy Consent Form

**Please read each section and ask any questions you may have.**

Botox®/Dysport™ are both neurotoxins which are injected into muscles causing a relaxation of the muscle and improvement of the lines or wrinkles that the muscle action has formed.

### Anticipated Benefit

Response usually is seen 2-14 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.

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.

### 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. Bruising may occur after Botox®/Dysport™ 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. I understand that if I am taking a blood thinning medication, this treatment may result in significant bruising and may not be recommended.

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 extended 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.

### Pregnancy & Neurological Disease

I understand that there are certain conditions where Botox®/Dysport™ 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®/Dysport™ is best at treating dynamic facial lines, those caused by facial muscle activity; lines present at rest may or may not improve. A treatment may be effective for variable lengths of time with subsequent treatments, may not work as well or for as long as expected, or may not work at all.

### Follow-up

I agree to follow-up in 2-4 weeks after my first treatment if asked to do so by my physician.

### Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

**Pre-treatment and post-treatment instructions have been given to me and the potential advantages and disadvantages have been discussed with me. I have read and understand the above. My questions have been answered satisfactorily by the doctor and doctor's associates. I have been given the appropriate medical guides. I accept the risks and complications of the procedure. I understand that I am participating in an educational training seminar and I will not hold the AAFC (represented by Drs. Freund, Schulhof &/or Friedman), the treating physician or any staff liable for any complications that may occur.**

Patient Name – Printed \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Physician Signature \_\_\_\_\_