

Botox Consent

Name: _____ Date: _____

I request Dr. Ralph Joseph to treat facial wrinkles using botulism toxin (Botox Cosmetic A) therapy. I realize that the purpose of this procedure is to help improve the appearance of wrinkles due to excessive contraction of muscles of facial expression. Areas to be treated are: _____

I realize this is an FDA approved product for treating glabella line (mid-forehead) but that many physicians have used this product in many other areas and have found it both safe and effective. There are many publications on this subject.

I understand the purpose of BOTOX is to reversibly weaken the muscles of facial expression that cause frown lines, crows feet and forehead creases. This is not permanent. On average it lasts 3 months with a range of 2-4 months. 89% of patients show response by Day 14 with the majority 82.5% showing response by Day 7.

I have been advised that some people require more Botox because of greater muscle mass, stronger muscles, recruitment of other facial muscles outside the norm, or because of biochemical differences in humans. The first injection will test these differences until a person’s specific response is known. Some patients require amounts of Botox greater than the average and these have to be charged for.

I have been advised that potential side effects of this procedure include:

- 1. Discomfort at injection site.
- 2. Bruising (avoid aspirin, Advil, Motrin, and/or ibuprofen before injection. If you have been taking these products it is imperative that you advise the Essence of Eve Day Med Spa staff.
- 3. Uncommon – droopy eyelid (Ptosis) can last 4 weeks (less than 1%)
- 4. Rare - double vision.
- 5. Headaches after injection (can ignore tension headache.)
- 6. Rare - skin rash, nausea, upper respiratory infection flu-like symptoms.

Are you pregnant? _____ yes _____ no

Likelihood of success is high in average patients, although some patients with larger or very active muscles (usually men) are resistant. If you do not see a response by 30 days we will re-treat but a lack of response to a second treatment may mean resistance that can not be overcome and/or presence of antibodies to Botox.

Practical alternatives to procedure to achieve similar results are plastic surgery and in some areas collagen or other dermal fillers.

I give permission for photos to be taken before and after procedure for inclusion in my patient record.

I agree to follow any instructions given to me to the best of my ability before, during and after the procedure. I will contact them as soon as possible if any questionable conditions arise at 972 540 0810.

The instructions include:

1. I will not touch or rub the injection site for 2-3 hours.
2. I will remain upright and will avoid rigorous exercise for 2-3 hours after the injection as this activity might allow Botox to migrate to unwanted areas to produce unwanted results.

The procedure, Botox injection, has been explained to me in an understandable language for me. I acknowledge that there are no guarantees concerning the outcome of the procedure in that medicine deals with humans and therefore is not always a predictable science. I understand that in some patients, additional procedures might be necessary to reach optimal result and that these would be disclosed to me if predictable.

I have been given sufficient opportunity to ask questions regarding the matters covered above. These questions have been answered to my satisfaction.

Patient

Signature: _____ Date: _____ Time: _____

Witness

Signature: _____ Date: _____ Time: _____

Physician

Signature: _____ Date: _____ Time: _____