



## **BOTOX/DYSPOORT CONSENT FORM**

Botox® or Dysport® therapy for wrinkles is an injection treatment designed to reduce facial expression lines. They are both approved by the FDA for the treatment of wrinkles in the glabellar area. When this therapy is performed, small amounts of toxin are injected into the facial muscles responsible for movement associated with lines and wrinkles. This injection weakens or paralyzes the muscle, thus reducing the associated lines and wrinkles. The most common areas for this therapy are the lines between the eyes, forehead wrinkles, crow's feet and on occasion around the mouth. This therapy is temporary, meaning it has to be repeated on a regular basis to remain effective. The weakening effect **gradually begins anywhere from 24 hours to 3 days, and is sometimes not complete for two weeks.** During this period, you may notice asymmetry, or unevenness, within treated areas. This asymmetry will usually correct itself as the toxin takes effect. For maximal results it is recommended that you maintain an upright posture for at least 4 hours. During this time it is also recommended that the treated area not be rubbed vigorously or massaged. You may wish to actively move, by expression, the treated areas during this time, as this may help to increase the response of the targeted muscles. There are no known permanent side effects. There are, however, several possible side effects that are temporary, which include:

- **Bruising:** Occurs at or near the injection site. This effect clears within 7-10 days. No treatment is necessary.
- **Headache:** Related to the actual injections, is usually mild and transient, lasting less than 24 hours. May be relieved with Tylenol.
- **Asymmetry:** As described above, if present, will be noticed in the first two weeks of therapy. May be • corrected with "touch-up" injections if necessary. There is a fee for touch-up injections.
- **Numbness:** A change in sensation noticed by some patients in the treated areas, better described as "dullness", it is usually only noticed for a few days after treatment.
- **Eyebrow or eyelid ptosis (drooping) or diplopia (double vision):** Seen 1-2% of patients receiving this therapy, is temporary, lasting weeks and usually mild. • Also for reasons not fully understood, some patients may be less sensitive or "resistant" to the effects of the toxins. Very deep creases may not be completely resolved with treatment.

**If you are pregnant or nursing, these procedures are not recommended.**

**Do not get BOTOX® Cosmetic Injections if you are currently:**

- Pregnant
- Breastfeeding
- Neurological diseases or Neuromuscular functional disorder
- Amino glycosides antibiotics: amikacin, gentamycin, streptomycin, or tobramycin
- Allergic to any botulinum toxin product
- Taking agents interfering w/ neuromuscular transmission (magnesium sulfate, guanidine, lincosamides, polymyxins, anticholinesterases, succinylcholine chloride, curare (like nondepolarizing blockers)

**Do not get DYSPORT® Cosmetic injections if you:**

- Are allergic to Dysport®
- Are allergic to cow's milk protein
- Had an allergic reaction to any botulinum toxin product
- Have a skin infection to the planned injection site

**Tell your provider about all your medical conditions, including if you have:**

- Preexisting swallowing or breathing difficulties
- Had surgery on your face
- Weakness of forehead muscles
- Drooping eyelids
- A disease that affects your muscles and nerves
- Had any side effects from any botulinum toxin product in the past

I authorize photographs to be taken which may be used for medical publications, lay publications, education, or during lectures. I understand that I will not be entitled to any payment as a result of any of these images. Because this therapy for wrinkles is considered a cosmetic procedure, insurance does not pay for treatment. Payment at the time of service is requested for all patients. By signing below, I agree that I have read and understand the above information, and that my questions have been fully answered to my satisfaction. I understand that the practice of medicine and surgery is not an exact science and that results are not guaranteed. I agree to be personally and fully responsible for all fees.

**My provider has fully explained, in terms clear to me, the nature of the procedure to be performed, the foreseeable or common risks and complications, as well as, what results I should expect. Lastly, I acknowledge that I have been given an opportunity to ask any questions I desired regarding the diagnosis and procedure. I authorize the highly trained member of Advanced Medicine & Aesthetics to inject Botox® or Dysport® Cosmetic into the muscles determined appropriate to improve my wrinkles.**

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Patient Signature

Date

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Witness Signature

Date