



BOTOX® COSMETIC CONSENT FORM

Diagnosis:

Facial lines and wrinkles are caused by several factors:

*Aging *Sun Damage *Heredity *Gravity *Muscle Action

Muscles of facial expression can cause frown lines, horizontal forehead lines, crow's feet and neckbands or cords. If these are exaggerated or made worse by intentionally making that expression, then muscle activity is partly responsible for these lines. **Initial** _____

Proposed Treatment

Injection of a very small amount of BOTOX® Cosmetic, a purified toxin produced by the bacterium clostridium botulinum, into the specific muscle causes weakness of that muscle. This results in relaxation of the muscle and improvement of the lines that the muscle action has formed.

This response usually is seen in 2-7 days after injection and may take up to 2 weeks. 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. BOTOX® Cosmetic is best at treating dynamic facial lines, those caused by facial muscle activity.

Lines present at rest may or may not improve. **Initial** _____

Risks and Complications

Side effects experienced by patients who have had BOTOX® Cosmetic treatment include: headache, respiratory infection, flu-like symptoms, bruising, pain during injections, asymmetry (one side different than the other), twitching, numbness, and temporary drooping of the eyelids or eyebrows.

Occasionally, the injection does not work for as long or as well as usual. **Initial** _____

Pregnancy and Neurological Disease

I am not pregnant, to the best of my knowledge, nor do I have any significant neurological disease. **Initial** _____

Drug Interaction

Certain drugs such as aminoglycoside antibiotics, penicillamine, quinine, and calcium channel blockers, may potentiate the effect of BOTOX® Cosmetic. Treatment should be discussed if these are being taken. **Initial** _____

Alternatives

Because not all facial wrinkles, creases, and folds are caused by muscle activity alone, other alternatives exist for their treatment. Chemical or laser peel, blepharoplasty, facelift, forehead/brow lift, and topical treatments with Renova or alphyhydroxy acids, are alternative treatments for these. Surgical resection of the frown muscle may be performed either directly or endoscopically. Without any treatment, the existing lines will remain. **Initial** _____

Labeled Use

Botox® Medical has been approved by the FDA for the treatment of strabismus (crossed eyes) and blepharospasm (eye twitching) (ophthalmologic conditions), and should not be used in individuals with known hypersensitivity to any ingredient in the formulation (Clostridium Botulinum toxin type A, albumin, and sodium chloride).

Botox® Cosmetic is used in many other types of muscle contraction disorders, including facial lines and wrinkles. This use is termed unlabeled for off-label use; that is, it has been used for wrinkles after it was originally approved for eye disorders. This is considered “innovative” therapy. Known significant risks have been disclosed in this form, yet the theoretical risk of unknown complications does exist. **Initial** _____

Payment

This procedure is cosmetic in nature; I understand that payment will be my responsibility. **Initial** _____

Follow-up

I agree to follow-up with Michael S. Sudit, D.D.S. 2-3 weeks following my treatment. **Initial** _____

Requests

I voluntarily request that Michael S. Sudit, D.D.S. treat my condition, which has been explained to me as facial lines and wrinkles resulting from muscle action.

I wish the following areas to be treated (check).

- Forehead lines
- Frown lines (between brows)
- Crow’s feet
- Nasal dorsum (bunny lines)
- Upper/lower lip
- Neck bands
- Jaw

Initial _____

Summary

I understand that the objective of the procedure I have requested is improvement in my appearance, not perfection. I fully understand that the practice of medicine and surgery is not an exact science and that we cannot guarantee results. I acknowledge that no written or verbal guarantee, warranty or assurance has been made to me by my injectionist regarding the outcome of the procedure I have requested and authorized.

Michael S Sudit, D.D.S. has fully explained to me the nature of the procedure to be performed, the foreseeable or common risks, and complications, alternative methods of treatment, as well as what I may experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask any questions I desire regarding the diagnosis and procedure and that these questions have been fully explained to me. I have read this consent and I understand its contents. I hereby give my unrestricted informed consent for this Botox® Cosmetic treatment today and subsequent treatments.

Patient Signature: _____ **Date:** _____

DR Signature: _____ **Date:** _____