



Botulinum Toxin Type A (Botox® Cosmetic) Informed Consent Form

Patient name: _____ Date: _____

**Please initial each paragraph after reading,
if you have any questions ask Dr. Rochlin BEFORE initialing**

Permission includes the administration of medicines for local or general anesthesia and/or intravenous sedation or analgesia as deemed suitable or as become necessary. An informed consent requires that common complications be made known to you. Most of these are not expected to occur. All must be considered. The law requires that you be made informed.

You have the right to be informed about your condition and the recommend treatment plan so that you may make an educated decision as to whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but is rather an effort to provide information so that you may give or withhold your consent.

Please read the additional information provided regarding treatment, products used during treatment and after care instructions.

This consent form outlines the risks, benefits, alternatives as well as complications that could occur with Botox® Cosmetic. Reviewing this form will tell you what you can expect from receiving Botox®. The end of this form allows you and your doctor to attest that all questions have been answered to your satisfaction and that you are giving informed consent to proceed with the Botox®. If, after you have read and reviewed this form with your doctor, you do not believe that you truly understand the risk, benefits, and alternatives associated with the procedure, do not sign the form until all your questions have been answered.

I request by initialing and signing below, **Semone Rochlin, D.O.**, administer the drug Botulinum Toxin Type A (Botox®) to me.

INJECTION OF BOTULINUM A TOXIN (BOTOX™)

1. The mode of action of the treatment. Botox™ injection is used in the cosmetic treatment for glabella frown lines (between the eyebrows), forehead wrinkles, neck lines, crow's feet (around lower eyes) and significantly decrease excessive sweating.
2. The proposed benefits of treatment. Injection of Botox into the small muscles will cause them to temporarily halt their function, thereby improving the appearance of the wrinkles. These benefits can take up to 14 days for full effect and lasts approximately 3-6 months. This response is temporary, and re-injection is necessary within three to six months to obtain the desired relaxant result.
3. Probability of success. Botox™ injections are a common procedure that is safely performed in thousands of patients annually. Complications are rare, but are outlined in this consent. The alternative of not using Botox™ injections is to use other prescribed creams or topical treatments (e.g. Retin-A, chemical peels, laser resurfacing, etc.) or facial relaxant exercises as discussed with your physician. I understand that Botox™ injections are not an exact science and that no guarantee or assurances can be given to me concerning the results of this procedure. Alternative means of treatment have been explained to me and I understand that I have the right to refuse the treatment.

Botox® injections may include, but are not limited to, the following risks and complications:

Please initial each line below

 1. Allergic reactions, including rash, itching, local swelling, local numbness to areas near the injection site, swelling, bruising, drooping eyes, loss of facial expression, drooling, burning sensation and/or minimal pain during the injections, temporary headache during and after the injections, nausea, paralysis in one or more extra-ocular muscles (eyes) causing double vision, facial asymmetry (one side looks different than the other), permanent loss of muscle tone with repeated injections and the development of antibodies to Botox®.

 2. Botox® Cosmetic contains albumin from human blood, to which certain individuals are allergic. **If you have had adverse reactions to certain immunizations or are allergic to eggs, you should not use Botox® Cosmetic.**

 3. The effects of Botox® Cosmetic are increased when patients are taking certain antibiotics (aminoglycoside derivatives) and other drugs that interfere with neuromuscular transmission. Be sure to advise your doctor of all medications you are taking or have recently taken.

 4. Because Botox® Cosmetic contains human albumin, there is a remote chance of transmission of serious viral diseases. This complication has never been identified, but it is possible.

 5. Bruising may be possible, especially if Botox® Cosmetic is used around the eye area. Typically, these discolored areas disappear with time.

 6. If used around the eye, Botox® Cosmetic may cause difficulty in closing eyelids tightly. The result may become area exposure with resultant drying, potential ulceration and visual complications. The affected eyelid may droop. Protective patching and/or medication may be required until this complication has passed.

 7. The safety of Botox in pregnant women or nursing mothers has not been established. Please advise your doctor if there is any chance you might be pregnant.

 8. I have fully and truthfully informed my doctor of my past medical and social history, including drug and alcohol use, recognizing that withholding information may jeopardize the planned outcome of this treatment.

 9. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal

 10. If any unforeseen condition should arise during this procedure calling for additional or different procedures from those planned. I authorize my doctor to use professional judgment to provide the appropriate care to complete the procedure.

 11. I understand this is an elective procedure and have not been given any warranty or guarantee as to the result of the proposed procedure.

 12. Studies have shown that, in rare cases, a patient may develop antibodies to Botox® Cosmetic in as few as three doses, thereby reducing its effectiveness. Thus, Botox may occasionally not have the planned effect or the results may not be as anticipated.

 13. I certify I have had an opportunity to read the above paragraphs and I fully understand the terms used. I also state that I read, speak and understand English, if not, a translator (signed as witness below) has fully explained all aspects of this consent.

Please be sure to initial each line above, if not, discuss with the physician your concerns.

The following additional risks have also been explained to me: Certain medications (e.g. antibiotics,

aspirin, anti-inflammatories) and even some vitamins and herbs may increase the potency of Botox and may increase bleeding and bruising at the time of injection. I attest that I have provided my physician with a list of all my current medications and supplements. I understand that pregnant or nursing mothers should not undergo Botox® injections. It is not known through research whether a Botox® injection has any effect of a fetus or whether it is found in breast milk and is therefore presumed unsafe. I verify that to the best of my knowledge I am not pregnant and I am not nursing. I also have been advised that patients with Eaton-Lambert syndrome, Lou Gehrig's disease or myasthenia gravis should also not receive Botox; I attest that I do not have any of these diseases and have fully discussed my medical history.

I have been advised and I understand that: research has proven Botox® works best on those wrinkles known as "hyperkinetic wrinkles" (wrinkles in motion). These hyperkinetic muscles contract during facial expressions such as squinting or frowning. Botox® works by blocking the signal from crossing the "neuromuscular junction" and allows the muscle to relax and helps to eliminate the wrinkles that lie above. Botox® can be injected in small amounts into the affected muscle(s) and that no sedation is required for a Botox® injection. I understand that the FDA has approved Botox® for patients under the age of 65. I understand Botox® generally lasts from 3-6 months, sometimes longer. I understand and acknowledge that no guarantee has been given as to the results of a Botox® Treatment. It has been explained to me that this procedure may fail to reduce wrinkles completely and that multiple treatments are required to obtain results. Occasionally, "touch-up" injections may be required for full effect. My physician will discuss with me how many treatment(s) may be needed to maintain results.

I confirm with my signature below that: the physician has discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to my satisfaction, and that I thereby give informed consent for the administration of Botox® on me. I voluntarily request treatment with Botox® by the physician, which has been explained to me, and my questions regarding such treatment, its alternatives, its complications and risk have been answered by the doctor, staff, and/or written information. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure. In the event a dispute arises over the outcome of my procedure, I consent solely to arbitration as a legal means of settlement.

Consent for photographs: By signing below, I give permission for photographs to be used by Dr. Simone Rochlin, D.O. and/or staff for educational and/or promotional purposes. Complete patient confidentiality will be maintained at all times.

Patient Name: (Please Print) _____

Patient signature: _____ Date: _____

Witness: _____ Date: _____

Physician Only: I confirm with my signature that I have made time available to discuss with the above-named patient the risks, potential complications, and intended benefits of Botox®. The patient has had the opportunity to ask any questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested that I administer Botox® to him/her.

Physician signature: _____ Date: _____
Our patients are offered a copy of any form they sign

Subsequent Botox® Treatments (history reviewed)

Note: All prices are subject to change without prior notice for future applications.

Patient signature: _____

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