

BOTOX® Treatment Informed Consent Form

To the patient:

I _____ of (address) _____
_____ have requested that Dr _____ attempt

to improve my facial expression lines with BOTOX® treatment. This is the tradename for purified botulinum toxin type A manufactured by Allergan. BOTOX® treatment has been used for more than a decade in children and adults to treat therapeutic conditions such as involuntary facial muscle spasms and double vision due to eye muscle imbalances. Injection of tiny amounts of BOTOX® weakens the treated muscle/s and helps prevent the formation of expression lines. BOTOX® is included on the Australian Register of Therapeutic Goods (ARTG) for cosmetic use in frown lines, crow's feet and forehead lines.

The practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. I understand that several appointments may be necessary to complete the treatment. I am aware that when small amounts of purified BOTOX® are injected into a muscle it causes weakness in that muscle. This takes 4-7 days to take effect and usually lasts 4 months but can be for a longer or shorter period. I understand that the muscles injected will not function whilst the injection is effective (e.g: I will not be able to frown if the muscles involved in frowning are injected) but that this will reverse itself after a period of months at which time re-treatment is appropriate.

Risks and side effects:

Side effects and complications are usually minimal. Occasionally, headache, slight swelling, and/or bruising may occur after injection. An adjacent muscle may be weakened for several weeks after an injection, which may cause a temporary drooping of the eyelid an eyebrow or the mouth. This could last 2-3 weeks. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

*Please do not rub the injected area immediately after the treatment. Please remain upright for 4 hours after the injection. Pregnancy and Neurologic Disease: I am not aware that I am pregnant and I do not have any neurologic disease. Please notify your doctor if you have any allergies, autoimmune disease or are taking any medications or herbal supplements.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this BOTOX® injection procedure today and for all subsequent treatments.

You will be given some drops to constrict the pupil followed by some anaesthetic drops. A contact lens will be placed on the eye and a laser will be fired at the iris beneath where the upper lid sits. This is painless, but you may be aware of a "tic" for a microsecond.



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Please take the time to read this carefully and to understand any accompanying information.

Photography / Video Release

I, the undersigned, voluntarily consent to the taking, copyright, publication, and use of my picture and/or video footage (my face may be identifiable) and likeness by my Doctor. I only agree to the following uses of these photographs or video footage:

Please check the "YES" box for the categories for which you give consent and the "NO" box for the categories for which you do not give consent.

YES NO

For educational, publications, informational purposes, or research.

For general advertising, publicity, and promotional purposes.

Patient's Signature: _____ Date: _____

Patient's Name: _____

Doctor's Signature: _____ Date: _____

Doctor's Name: _____

PLEASE TAKE THE TIME TO READ THIS CAREFULLY AND TO UNDERSTAND ANY ACCOMPANYING INFORMATION.



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What happens after the procedure?

Your pressure will be checked before you go home. The vision may be a little blurred for a day or so due to some pigment release, or a few blood cells released. You will be given some anti-inflammatory drops for several days after the procedure.

What are the potential complications?

The pressure may rise – if this occurs you will be given drops or tablets to combat this. Very rarely surgery is required. There may be some inflammation with redness and irritability in the light. If this occurs you should contact us. There may be some troublesome ghosting or unwanted glare type symptoms – these generally settle down with time. The hole may block and the procedure may need to be repeated. Very rarely, despite the procedure, the angle can block off, but remember that this procedure has a very high chance of preventing the angle closure. In summary we believe that the risks associated with the laser are far less bothersome than the risk of angle closure and associated loss of vision.

INITIAL:

Patient Signature: _____ **Date:** _____

Patient Name: (Print) _____

Doctor Signature: _____ **Date:** _____

Doctor Name: (Print) _____

