



## Botox Consent

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### BACKGROUND

BOTOX relaxes the muscles of the face that cause wrinkles associated with facial expressions. Treatment can smooth these expression lines. Areas most frequently treated are: the glabellar area (located between the eyes); crow's feet (lateral areas of the eyes); and forehead wrinkles. Botox, Jeuveau and Dysport are diluted to precise concentrations and injected into the muscles with a very thin needle. There is minimal discomfort. Clients may feel a slight stinging sensation as the solution is being injected. The procedure takes about 15-30 minutes and the results can last 3-5 months. With repeated treatments, the results tend to last longer.

### RISKS AND COMPLICATIONS

There are certain inherent and potential risks and side effects in any invasive procedure and, in this specific instance, such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness and bruising, 2) Post treatment bacterial, viral and/or fungal infection requiring further treatments, 3) Allergic reaction, 4) Minor temporary droop of eyelid(s) in approximately 2% of injection (can be treated with eye drops in many cases), 5) Occasional numbness of the forehead lasting up to 2-3 weeks, 6) Transient headache, and 7) Flu-like symptoms.

### IS THERE ANYONE WHO SHOULD NOT HAVE THIS PROCEDURE?

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

- a disease that affects your muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig's disease], myasthenia gravis or Lambert-Eaton syndrome) *including prior stroke*
- allergies to any botulinum toxin product
- had any side effect from any botulinum toxin product in the past
- a breathing problem, such as asthma or emphysema
- swallowing problems
- bleeding problems
- plans to have surgery
- had surgery on your face
- weakness of your forehead muscles, such as trouble raising your eyebrows
- drooping eyelids
- any other change in the way your face normally looks
- are pregnant or plan to become pregnant. It is not known if BOTOX or BOTOX Cosmetic can harm your unborn baby.
- are breast-feeding or plan to breastfeed. It is not known if BOTOX or BOTOX Cosmetic passes into breast milk.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal products. Using BOTOX or BOTOX Cosmetic with certain other medicines may cause serious side effects.

Do not start any new medicines until you have told your doctor that you have received BOTOX or BOTOX Cosmetic in the past.

**Especially tell your doctor if you:**

- have received any other botulinum toxin product in the last four months
- have received injections of botulinum toxin, such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA) in the past. Be sure your doctor knows exactly which product you received.
- have recently received an antibiotic by injection
- take muscle relaxants
- take an allergy or cold medicine
- take a sleep medicine

*Ask your primary physician if you are not sure if your medicine is one that is listed above.*

**PHOTOGRAPHS**

I authorize the taking of clinical photographs for my medical record only and will not be shared in any way without my written consent.

**RESULTS**

Results are typically seen in 3-10 days and usually last 2-4 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. Retreatment may be necessary if asymmetry develops. These results will gradually decrease over a period of months at which time retreatment is appropriate.

**CONSENT TO BOTULINUM TOXIN “A” TREATMENT**

I hereby voluntarily consent to treatment with Botox® injected for the condition known as: Facial Dynamic Wrinkles. I have read the above, the procedure has been explained to me and my questions have been answered satisfactorily. I accept the risks and complications of the procedure.

*Please contact our office at 951-444-1362 with any questions or concerns.*

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Client Signature

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Date

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Printed Client Name

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Witness Signature

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Date

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Printed Witness Name

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